DOCUMENT RESUME

ED 433 151 PS 027 913

TITLE	The State of America's Children Yearbook, 1999.
INSTITUTION	Children's Defense Fund, Washington, DC.
SPONS AGENCY	DeWitt Wallace/Reader's Digest Fund, Pleasantville, NY.
ISBN	ISBN-1-881985-21-0
ISSN	ISSN-1084-3191
PUB DATE	1999-00-00
NOTE	192p.; For 1998 Yearbook, see ED 418 794.
AVAILABLE FROM	CDF Publications, P.O. Box 90500, Washington, DC 20090-0500; Tel: 202-628-8787; Fax: 202-628-8333.
PUB TYPE	Collected Works - Serials (022) -- Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Adolescents; *At Risk Persons; Child Abuse; Child Advocacy; *Child Health; Child Support; Child Welfare; *Childhood Needs; *Children; Day Care; Early Parenthood; Educational Improvement; Elementary Secondary Education; Employed Parents; Family Income; Family Problems; Family Violence; Federal Aid; Federal Legislation; Financial Support; Government Role; Health Insurance; Poverty; Preschool Education; Prevention; *Social Indicators; Social Problems; State Programs; Substance Abuse; Tables (Data); Victims of Crime; Violence; *Well Being; World Wide Web; Youth Problems
IDENTIFIERS	*Indicators

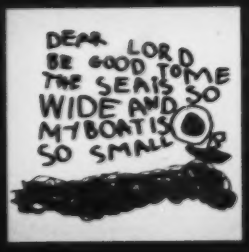
ABSTRACT

This report on the well-being of America's children highlights the critical need for renewed commitment to children by all sectors of society. The introduction describes health and educational outcomes for poor children and maintains that preparing all of the nation's children for the future and protecting them in the present is the greatest human rights and moral challenge facing the nation. The six chapters of the report focus on the following: (1) family income, including the pervasiveness of child poverty, the working poor, and legislative progress; (2) child health, including the problem of uninsured children and the Child Health Insurance Program; (3) child care, describing federal, state, and local initiatives, and presenting an action agenda; (4) education, including the Goals 2000 initiative, lagging international performance, reform efforts, and early and higher education; (5) children and families in crisis, including incidence estimates, the Adoption and Safe Families Act, attending to older teens in foster care, and increasing the emphasis on prevention; and (6) juvenile justice and youth development, including drops in violent crime rates, children and guns, nature of juvenile crime, school violence, juveniles in confinement, and successful community initiatives. Each chapter concludes with a proposed action agenda for 1999. The report's two appendices provide tabulated data on children nationwide and by state, covering areas such as poverty, maternal and infant health, adolescent childbearing, youth unemployment, government aid participation, child support, Head Start enrollment, child abuse and neglect, and firearm deaths. World Wide Web sites of interest to child advocates are also listed. (KB)

ED 433 151

THE STATE OF America's Children

YEARBOOK



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY
E. Reynolds
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
2A

1999

PS 027913

2

The mission of the Children's Defense Fund is to *Leave No Child Behind*® and to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective voice for *all* the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investment before they get sick or into trouble, drop out of school, or suffer family breakdown.

CDF began in 1973 and is a private, nonprofit organization supported by foundations, corporation grants, and individual donations. We have never taken government funds.

BEST COPY AVAILABLE

THE STATE OF America's Children YEARBOOK

Children's Defense Fund

1999

Copyright © 1999 by Children's Defense Fund.
All rights reserved.
ISBN: 1-881985-21-0
ISSN: 1084-3191

Children's Defense Fund
25 E Street NW
Washington, DC 20001

PRINTED ON RECYCLED PAPER

This book is dedicated to the memory of mighty oaks for social justice who have passed away this year.

HENRY HAMPTON

CDF Board member, producer of *Eyes On The Prize,* and many other important documentaries.

A. LEON HIGGINBOTHAM

Legal scholar, author, law professor, and distinguished U.S. Court of Appeals Judge.

and

DR. MAHBUB UL HAQ

Former Finance Minister of Pakistan, director of policy planning at the World Bank and creator of an annual Human Development Index used by the United Nations Development Program.

We will miss them very much and are grateful for their witness for justice and for children.

Acknowledgments

Susanne Martinez, director of programs and policy at the Children's Defense Fund (CDF), oversaw development of this book and provided overall editorial direction. Bruce Kozarsky was the principal editor, with assistance from Kathy Glover Tindell. Many individuals at CDF and elsewhere contributed to the content and may be contacted for further information about their subjects. CDF contributors include Deborah Weinstein, Arloc Sherman, Cheryl Amey, and Nancy Ebb (family income); Margo Edmunds, Gregg Haifley, Martha Teitelbaum, Jeannette O'Connor, Cassy Gleason, and Desmond Brown (child health); Helen Blank, Gina Adams, and Karen Schulman (child care); Susanne Martinez and Paul Smith (education); MaryLee Allen and Jamila Larson (children and families in crisis); and Susanne Martinez, Jesselyn McCurdy, and Kim Wade (juvenile justice). Grace Reef, Liz Ryan, and Neelum Arya of CDF's Intergovernmental Relations Department also contributed. Data were produced and analyzed by Paul Smith and Janet Simons. Linda Muschlitz and Elizabeth Reynolds assisted with copyediting and proofreading. Jennifer Leonard managed production. Joanne Pittman, Andrea Behr, Camille Ethridge, and Sandra Wiggins provided administrative support.

Special thanks go to outside contributors: Mathea Falco of Drug Strategies (children and alcohol, tobacco, and other drugs) and Martin J. Blank of the Institute for Educational Leadership (community schools). Kristalee Guerra, a Congressional Hispanic Caucus Fellow at CDF, contributed the section on children and the Internet. Feroza Fitch of Lexicon Graphics provided typesetting and design services.

The creation, publication, and distribution of this book were underwritten by an endowment gift from the DeWitt-Wallace Reader's Digest Fund.

Media inquiries should be directed to Sarah Howe.

Contents

Foreword: ix

1 Family Income 1

The New, Working Face of Poverty 1

Trends — Gainfully Employed, but Gaining Little Economically 2

More Poor Children in Working Families; Growing Numbers in Deep Poverty 3

When Ends Don't Meet: Hardships of Poor and Near-Poor Children and Families 6

Federal Legislative Progress in 1998 9

Helping Working Families with Children 13

Assistance for Low-Income Children with Disabilities 16

Welfare to What? 17

Moving Forward: A 1999 Agenda for Action 26

2 Child Health 31

New Opportunities for Working Families 31

CHIP Implementation Options 32

Maximizing Health 34

Focusing on Uninsured Children with Working Parents 34

Early Returns on CHIP: Good News on Maximizing Enrollment 36

More Good News: Tobacco Settlements Provide Opportunity for Full CHIP Funding 38

What's at Stake: How Will CHIP be Evaluated 38

CHIP Tracking and Accountability Systems 40

CHIP, Medicaid, and Managed Care 42

New Legislative Developments: Managed Care Regulation and Oversight 43

Progress Toward Healthy People 2000 Goals 46

Highlights of New National Health Goals for 2010 47

Vaccines for Children: A Success Story 47

Moving Forward: A 1999 Agenda For Action 48

3 Child Care 51

A Crisis For Lower-income Working Families 51

The American People Demand Solutions 54

Moving Forward: A 1999 Agenda for Action 62

4 Education 65
Educational Performance: "Goals 2000" Remain Elusive 66
Poor and Minority Students 67
Some Areas of Progress 68
International Performance Lags 70
Reform Efforts 70
Early Education: Getting Children Ready to Learn and Succeed 78
Higher Education 78
Federal, State, and Local Activities 80
Moving Forward: A 1999 Agenda for Action 82

5 Children and Families in Crisis 85
How Many Children and Families are in Crisis? 85
Effective Strategies for Serving Children and Families in Crisis 88
Moving Forward: A 1999 Agenda for Action 103

6 Juvenile Justice and Youth Development 107
The Good News 108
The Bad News 108
Children and Guns 108
Juvenile Crime: Behind the Numbers 110
Violence in Schools 113
Juveniles in Confinement in America 117
Alternatives that Work: Giving Youth Real Choices and Opportunities 120
Youth Employment and Youth Development Initiatives 122
Gun Safety Initiatives 123
Legislative Developments 124
Moving Forward: A 1999 Agenda for Action 126

Appendix A. National Trends Among Children 129
Table A1 Poverty Among Children 129
Table A2 Maternal and Infant Health 130
Table A3 Adolescent Childbearing 131
Table A4 Youth Unemployment 132

Appendix B. Children in the States 133

Table B1 Child Population and Children in Poverty 133

Table B2 Children in Poverty, by Race, 1989 134

Table B3 AFDC/TANF Benefit Levels and Participation 136

Table B4 State Welfare Choices under the Temporary Assistance for Needy Families (TANF) Program, June 1998 137

Table B5 Number of Children Receiving Food Stamps, FY 1989-1997 138

Table B6 Number of Children Participating in Child Nutrition Programs 139

Table B7 Child Support Enforcement, FY 1996 140

Table B8 Fair Market Rent and the Minimum Wage, 1999 141

Table B9 Early Prenatal Care and Low Birthweight, 1996 142

Table B10 Teen Birth Rates, 1990-1996 143

Table B11 Infant Mortality, by Race of Mother, 1996 144

Table B12 Health Insurance Coverage and Immunization Status of Children 145

TableB13 Current Medicaid Enrollment of Children, and Decrease from Peak Year 146

Table B14 Head Start Enrollment and Race of Enrollees, FY 1998 147

Table B15 Child Care Centers Child/Staff Ratio Requirements 148

Table B16 Participants in Federal Education and Disability Programs 149

Table B17 Child Abuse and Neglect 150

Table B18 Adoptions of Children from Foster Care, 1995-1997 151

Table B19 Firearm Deaths Among Children and Teens, Ages 0-19, by Manner, 1996 152

Table B20 State Budget Balances and Tobacco Settlement Money 153

Selected Web Sites 154

Index 155

IS AMERICA FAIR TO ITS CHILDREN?

Our gross national product ... if we should judge America by that — counts air pollution and cigarette advertising, and ambulances to clear our highways of carnage. It counts special locks for our doors and the jails for those who break them. It counts the destruction of our redwood and the loss of our natural wonder in chaotic sprawl. It counts napalm and the cost of a nuclear warhead, and armored cars for police who fight riots in our streets. It counts Whitman's rifle and Speck's knife and the television programs, which glorify violence in order to sell toys to our children. ... The gross national product does not allow for the health of our children, the quality of their education, or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages, the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage, neither our wisdom nor learning, neither our compassion nor our devotion to our country, it measures everything in short, except that which makes life worthwhile. It can tell us everything about America except why we are proud that we are Americans.

—ROBERT F. KENNEDY, UNIVERSITY OF KANSAS, MARCH 18, 1968

You are leaving school to enter the workforce at a time when our country is doing very well. But we also face enormous challenges that must be met if we are going to continue to be successful 10 or 15 years from now. I can remember an interview I had with a well-respected European magazine toward the beginning of this administration. After the interview, the interviewer said that our economy was very strong right now but that in 15 or 20 years we would be a second-tier economy. I said that I didn't agree, but asked why he thought that. And he said, "Two things. Your public schools and your inner cities."

In many ways he was right.

These are challenges that we must meet now if we are going to be productive and competitive in the global economy in the years and decades ahead. Many of you may feel relatively immune from these matters, but I believe that our economy will fall far short of its full potential for all of us — no matter where we live or what our incomes may be — unless these challenges are met. Just think of the difference it would make in social costs and unproductivity if our public school system was strong and if the residents of our inner cities and distressed rural areas were successfully equipped to enter the economic mainstream. As graduates of the Harvard Business School, you are among the most privileged members of our society, and whatever your vocation may be, our country needs the privileged to spend time on the central issues of our society. Each of you can contribute to facing these issues — for example, with respect to the specific challenges I just mentioned, by personal involvement as a mentor for inner city kids or through working to enlist your employer in the many practical programs to help support public schools in individual communities. And I would argue that by pitching in, you not only help your country, but you can directly help yourself.

—TREASURY SECRETARY, ROBERT RUBIN, CLASS DAY ADDRESS, HARVARD BUSINESS SCHOOL, JUNE 3, 1998

A child who cannot read, write, compute, and operate a computer is sentenced to economic and social death in our knowledge-based American and global economies. Yet millions of American children cannot read, and too many children enter school not ready to learn. Millions more who graduate from high school still cannot read well enough to pass an entry level job test or get an above-poverty wage job in our economy.

That 200 children will drop out of school; 45 children will be born into poverty; 16 children will be born at low birthweight; five children will be arrested for violent crime; and one child will be

wounded by gunfire in the next half hour is a far greater threat to American democracy and to every American citizen's security than Saddam Hussein or the war mongers in Kosovo or Angola or *any* external threat. Yet many leaders in both political parties continue to play politics with the lives of our children who are the true security of our nation. The budget for purported military readiness in the post-Cold War era is being greatly increased while the budget for school readiness for every child is being cheated. The social and health security of voting senior citizens is correctly at the top of every politician's agenda for investment while the social and health security of non-voting children is at or near the bottom, if the measure is actual level of investment and child outcomes rather than political rhetoric.

This is not right, sensible, or cost-effective. It is time for America to be fair to its children and to invest the same level of leadership, attention, and resources we invest in assuring that elderly and non-needy adults, and corporate and military interests are protected. In this time of unprecedented economic prosperity, federal and state budget surpluses, and growing numbers of billionaires and millionaires, child welfare must take precedence over corporate welfare. In a decent, democratic, affluent nation with an $8.6 trillion economy, *every* child should be assured enough to eat, a place called home to sleep, health care to prevent and treat illness, the opportunity to get ready for and learn in school through quality early childhood experiences, and to be safe and positively engaged after school. And in a post-Cold War era when America no longer faces a communist threat and is the world's undisputed military leader, why should we have to argue that our children's school readiness should be given precedence — or at least equality — with a military readiness? The President's budget proposes to spend $20 billion by 2004 on military pay and benefits above the billions already planned to keep up with inflation. That means in the last year of his proposed five-year plan, the military will be spending a total of:

- $322 billion a year
- $27 billion a month
- $6 billion a week
- $879 million a day
- $37 million an hour
- $610,000 a minute
- $10,200 a second

It is unconscionable that the Clinton administration and many members of both parties in Congress are in a bidding war to see who can most increase the military budget while so many children lack the basic necessities of life. President Clinton proposes to invest another $10.5 billion over the next five years for the so-called "Star Wars" national defense system over and above the $36.6 billion in planned costs for an alphabet soup bowl full of limited theater, air- and seaborne systems (Patriot PAC3, THAAD, MEADS, AEGIS, two different laser beam weapons). Yet in a recent 1999 interview, Joint Chiefs of Staff Chairman Henry H. Shelton said: "The simple fact is that we do not yet have the technology to field a national missile defense. We have, in fact, put some $40 billion into the program over the last 10 years. But today we do not technologically have a bullet that can hit a bullet."

Even if we did have the technology to "have a bullet that can hit a bullet," is that more important than protecting our children from the bullets that are killing them every two hours at home and from the preventable ignorance, sickness, poverty, hunger, and homelessness that are killing them more slowly?

It is time to remember President Eisenhower's warning that "every gun that is made, every warship launched, every rocket fired signifies, in the final sense, a theft from those who hunger and are not fed, those who are cold and are not clothed. This world in arms is not spending money alone. It is spending the sweat of its laborers, the genius of its scientists, the hopes of its children."

The ultimate moral litmus test of our American democracy is whether we are willing to protect the most vulnerable and poorest group in our society — our children. Our children saved our soul once through their sacrificial actions when they forced our nation to end racially segregated public schools

25 Key Facts About American Children

1 in 2	pre-schoolers has a mother in the labor force.
1 in 2	will live in a single parent family at some point in childhood.
1 in 2	never completes a single year of college.
1 in 3	is born to unmarried parents.
1 in 3	will be poor at some point in his or her childhood.
1 in 3	is behind a year or more in school.
1 in 4	is born poor.
1 in 4	lives with only one parent.
1 in 5	is poor now.
1 in 5	lives in a family receiving food stamps.
1 in 5	is born to a mother who did not graduate from high school.
1 in 5	is born to a mother who did not receive prenatal care in the first three months of pregnancy.
1 in 5	has a foreign-born mother.
1 in 7	has no health insurance.
1 in 7	has a worker in their family but still is poor.
1 in 8	never graduates from high school.
1 in 8	is born to a teenage mother.
1 in 11	lives at less than half the poverty level.
1 in 12	has a disability.
1 in 13	was born with low birthweight.
1 in 24	lives with neither parent.
1 in 25	is born to a mother who received late or no prenatal care.
1 in 60	sees his or her parents divorce in any year.
1 in 137	will die before his or her first birthday.
1 in 620	will be killed by guns before age 20.

and public accommodations. Taylor Branch, Pulitzer Prize-winning author of *Parting the Waters* and *Pillar of Fire,* wrote: "there is no precedent that I know of in recorded history for the power of a great nation turning on the moral witness of school children. ... A movement that rode through history on the spirit of children now looks to how we treat our children 30 years later."

Can our children save our nation's soul again? Can this nation — flush in wealth — confront itself and its hypocrisy between professed and practiced values, and make a commitment to *Leave No Child Behind*? How can we expect our children to believe us and in our ideals if we do not value them enough to provide them the healthy, fair, and safe start, and quality education in our public schools *every* child in any rich, compassionate, democratic society should be assured? How can a nation whose currency says "In God We Trust," which professes to honor Judeo-Christian principles, and whose Declaration of Independence pronounces as a self-evident truth that all men are created equal, treat its children so unequally and so unjustly?

Investing in and educating all American children is an urgent moral and practical imperative. If our democracy is to remain vibrant in the dawning new century and millennium; if our

Moments in America, for all children

Every 1 second	a public school student is suspended.*
Every 9 seconds	a high school student drops out.*
Every 9 seconds	a public school student is corporally punished.*
Every 16 seconds	a child is arrested.
Every 25 seconds	a baby is born to an unmarried mother.
Every 37 seconds	a baby is born to a mother who is not a high school graduate.
Every 40 seconds	a baby is born into poverty.
Every 1 minute	a baby is born without health insurance.
Every 1 minute	a baby is born to a teen mother.
Every 2 minutes	a baby is born at low birthweight (less than 5 lbs., 8 oz.).
Every 3 minutes	a baby is born to a mother who had late or no prenatal care.
Every 3 minutes	a child is arrested for drug abuse.
Every 6 minutes	a child is arrested for a violent crime.
Every 10 minutes	a baby is born at very low birthweight (less than 3 lbs., 4 oz.).
Every 18 minutes	a baby dies.
Every 40 minutes	a child or youth under 20 dies from an accident.
Every 2 hours	a child or youth under 20 is killed by a firearm.
Every 2 hours	a child or youth under 20 is a homicide victim.
Every 4 hours	a child or youth under 20 commits suicide.
Every 11 hours	a young person under 25 dies from HIV infection.

*Based on calculations per school day (180 days of seven hours each).

economy is to remain on the cutting edge in a globalizing economy; if our leadership is to be credible in a world two-thirds of whose citizens are not White, two-thirds of whom are poor, and a majority of whom do not speak English as a first language, then we must make America's promise of fair opportunity real *right now* to its children *right here at home*. And we must begin in our public schools.

A QUALITY AND EQUITABLE PUBLIC EDUCATION FOR EVERY CHILD

A quality education is the jugular vein of every child's lifeline to the future. In whatever neighborhood or type of school parents may choose, the bottom line must be accountability for all children learning and succeeding. Since about 90 percent of American children depend on public education, improving the quality and accountability of public education is the crucial priority if we are going to improve the life chances of the overwhelming majority of American children and preserve our

democracy. The public schools are the crucible of American democracy.

I am not talking about public education as we now know it where children too often are treated as beside the point rather than as *the* point. Not public education where a half million students drop out every year and more than half the seniors in high school are not proficient readers, but public education where *every* child is provided adequate supports to graduate from high school with the skills they need to succeed. Not public education where only some children learn in some schools, but public education where all children are expected and helped to learn in all schools. Not public education where the poorest and neediest children who need the most help get the least help, and the least experienced teachers, but public education which assures equitable resources to every child. Not public education where the achievement of children takes a back seat to the job security and perks of many teachers, administrators, janitors, school board members, and politicians, but public education where educators are held accountable for the quality of the results they produce: children who can read, write, and compute at or above grade level. Not public education where Black and Brown and non-English speaking, poor, and disabled children, who depend on and constitute a majority of children in inner city public schools, are less valued and less prepared than more affluent White children without special needs, but public education where *every* child is respected and has the skills to enter college or get a job, and survive in our economy based on his or her individual potential. Not public education that resists innovation, creativity, and collaborative relationships with parents and communities, but public education that recognizes that home, school, and community cooperation is crucial to children achieving. And not public education ravaged by violence and a culture of disrespect between teacher and student, teacher and administrator, parent and school, citizens and school officials, but public education that puts children before self-interest and values each child.

It is way past time for voter concern and political rhetoric about the crucial importance of education reform to be grounded in a *child*-focused vision broken down into sound, thoughtful policies and strategies backed by the political, business, religious, education, parental, and child advocate leadership needed to achieve that vision. It will be a tragedy for millions of children, and for our nation, if new calls for education reform are cosmetic rather than real, political rather than principled, more concerned with satisfying interest groups than ensuring that children learn, and is episodic rather than sustained. Children — particularly poor children — do not need to be used or blamed again and stigmatized for not achieving what we have not taught them. And the first lesson we adults should teach children is fairness by treating our children fair.

IT'S TIME TO BE FAIR TO CHILDREN

Is it fair that in America, no school system of any size, with any diversity of children, has ever educated the vast majority or all of its children to high levels of achievement?

Is it fair that poor children in the poorest neighborhoods have the poorest schools, the poorest prepared teachers, the poorest equipment, the poorest school buildings, libraries, and laboratories, the fewest computers, counselors, school nurses, and enrichment programs, and the lowest expectations by teachers and a public that blame them for achieving poorly on the tests for which we have not prepared them? Philadelphia's public school children receive $45,000 less a classroom than children in the surrounding suburban school districts.

Is it fair that every 66-year-old in America has Social Security and health insurance and that every infant, toddler, and pre-school child during the most important early stages of development when brain, body, self-image, and spirit are being shaped for a lifetime and every school-age child does not?

Poor children come in all colors and live in every family type and geographic area of America

- 71 percent live in families where somebody works, up from 61 percent in 1993.
- 59 percent live in female-headed families in 1997, up from 45 percent in 1969.
- 34 percent live in two-parent families, down from 38 percent in 1988.
- 41 percent live in two-parent or father-only families, down from 55 percent in 1969.
- 28 percent live in "young families" (headed by a person under age 30).
- 31 percent are Black, down from 39 percent in 1969.
- 63 percent are White, up from 60 percent in 1969.
- 29 percent are Hispanic, up from 14 percent in 1973 (the first year for Hispanic data).
- 5 percent are Asian or Pacific Islander.
- 56 percent live in suburban and rural areas, down from 67 percent in 1969.

A three-person family was poor in 1997 if it made less than $12,802 a year

- But the *average* poor family with children that year received only $8,688 a year in total income from all sources, equivalent to $724 a month, $167 a week, or less than $24 a day.
- 61 percent of that income was from work — $5,295 a year, $441 a month, $102 a week, or less than $15 a day.
- 21 percent of that income was from welfare — $1,824 a year, $152 a month, $35 a week, or less than $5 a day.

Note: "White" children include a large number of Hispanic children.

Too many of the more than 11 million uninsured children are sitting in school every day unable to learn because of undetected and untreated eye, ear, and health problems. It is shameful that children are the poorest group of citizens and that 1 in 5 pre-school children is poor.

Is it fair that hard-working citizens who mold the future by caring for children are the least well-paid in our society? Is a full-time early-childhood educator whose median earnings in 1998 were $265 a week, about $13,250 a year with no health benefits, worth less to the community than a car-wash attendant who earned 20 percent more? Is a good elementary school teacher trying to prepare children to compete in an unpredictable global economy who earns $34,550 a year with some benefits, really worth only three hours and twenty minutes of a $20.5 million annual compensation package for a CEO whose company produces cigarettes that addict millions of children and kill millions of human beings? Should a hairdresser or manicurist have required hours of training when a child care worker in many states has none?

Is it fair that we give one $14 billion corporation $400 million a year in federal welfare subsidies to turn corn into fuel for gas-guzzlers while the National Conference of Mayors reports growing hunger and homelessness among children in their communities?

Is it fair that corporations drain 125 billion taxpayer dollars every year in corporate welfare and special tax breaks, while we have cut billions from social programs for children, poor families,

How America Stands

Among industrialized countries, the United States ranks:

1st	in military technology
1st	in military exports
1st	in Gross Domestic Product
1st	in the number of millionaires and billionaires
1st	in health technology
1st	in defense expenditures
18th	in the gap between rich and poor children
16th	in living standards among our poorest one-fifth of children
17th	in efforts to lift children out of poverty
18th	in infant mortality
17th	in low-birthweight rates
21st	in eighth-grade math scores
10th	in eighth-grade science scores
Last	in protecting our children against gun violence

According to the Centers for Disease Control and Prevention, U.S. children under age 15, when compared to children in 25 other industrialized countries are:

12 times more likely	to die from gunfire,
16 times more likely	to be murdered with a gun,
11 times more likely	to commit suicide with a gun, and
9 times more likely	to die in a firearm accident

The United States is the only nation, save Somalia (which lacks a legally constituted government to act), to fail to ratify the United Nations Convention on the Rights of the Child.

and legal immigrants and have demolished the income safety net for our poorest mothers and children? Is it fair to give a federal tax exemption of $300 million a year to the owners of corporate jets while Congress refuses to invest adequate funds in after-school programs to keep all school-age children safe and out of trouble? Is it fair for children to grow up poor in families without enough income to meet the basic necessities of life in a nation with the highest GNP in the world and to increase military pay already indexed for inflation while failing to increase the minimum wage for civilian workers that is not? Of the 14.1 million poor children, over 70 percent or 9.5 million lived in a household where at least one person worked; 9 million were White (over twice as many as were Black or of other races); and more lived in suburban or rural areas

than in central cities. Shamefully, over 6 million poor children lived in families with incomes of less than half the poverty line of $6,401 for a family of three. *The average income of all poor families with children was $8,688.* That's less than the military will spend every second if the Clinton administration's budget programs prevail and less than one hour of the compensation of the cigarette company CEO.

Is it fair that more defenseless unarmed children under 10 are killed each year by guns than police are killed in the line of duty or U.S. soldiers killed by hostile action? The Centers for Disease Control reports that American children under 15 are 12 times more likely to die from gun violence than their peers in 25 other nations combined. Yet a big defense contractor in Mississippi received $2 billion for a new helicopter carrier the Navy did not request or want. That money could have provided a Head Start for 400,000 more eligible pre-school children who need help to get ready for school and stay out of trouble later. Congress appropriated $2 billion for an anti-missile system (THAAD) that the Defense Department concluded does not work. It refused to provide a similar amount to provide urgently needed child care for the stressed out parents of 800,000 children who work right now and are often forced to leave their children home alone. And Congress did and is doing little or nothing to effectively stop the deadly arms race within America that results in nearly 5,000 children being killed by over 220 million guns in circulation every year. No *external enemy* ever came close to hurting our children as much as we do internally in our nation every day. What is it going to take to get us to change our actions and treat our children right?

We adults need to get our values and priorities straight before it's too late and before we waste the lives of millions more children who are struggling to live and learn right now. Something is morally awry in a world in which the 1998 United Nations Human Development Report says, "the world's 225 richest people have a combined wealth of over $1 trillion, equal to the annual income of the poorest 47 percent of the world's people (2.5 billion)." Sixty of these richest people in the world live in the United States. They have a combined wealth of $311 billion — an average of $5.2 billion each. That's equivalent to the combined annual income of more than 19 million American families, or the GNP of more than 100 developing nations, or the 1997 budget of 35 states in the United States combined. Just the interest on those billions, invested in secure low-yielding U.S. treasury bills (4.5 percent), would yield $14 billion every year — equivalent to $1,000 a year for every poor child in America. We could eliminate child poverty in America — lift every poor child up to the poverty line — for $42 billion a year.

The Next Great Civil and Human Rights Movement Is Leaving No Child Behind

Preparing *all* our children for the future and protecting all of them in the present is the greatest human rights and moral challenge facing our nation today. Children are not human beings in waiting or citizens of the future. They are human beings, citizens, and our sacred charges right now. Their health, nutrition, housing, child care, education, and family needs cannot wait until they are 18 and can vote if they are going to be prepared to carry on American values and institutions, and if those values and institutions are going to be worthy of carrying on.

At the current rate of child gun deaths, 6000 children born this year will not live to 20 unless we control the gun violence that now kills them. If we do not prepare all our children for and help them learn in school right now, 460,000 children born this year will never earn a high school degree. If we don't give all children a healthy start right now, tens of thousands of this year's babies will suffer diseases

and sickness we could prevent. And if we continue unjust old, current, and proposed future budget priorities which help the rich and the military at the expense of the young, poor, and middle class, another generation of children will grow up uneducated, unable to earn a decent living, and prey to the lures of drugs, tobacco, crime, and all the consumer items which our market economy tells them they need for success but cannot afford to legally buy.

HOW WE CAN HELP ALL CHILDREN LEARN AND SUCCEED

We have government by the dollar, of the dollar, for the dollar.

A BLACK TAXI-DRIVER IN LOS ANGELES, *NEW YORK TIMES* (7/28/78)

If 70 years ago, shortly after my birth in 1928, sociologists were going to make predictions as to my future, they would probably have predicted that, like my father, my entire working career would be, at most, that of an unskilled laborer. They would not have anticipated that I would go to any college, become a lawyer, a chief judge of the U.S. Court of Appeals, a professor at Harvard, and Counsel to a renowned international law firm. These unpredictable significant events in my life occurred because of God's will, committed and caring parents, a strong church background, an abundance of good luck and, above all, what then was a superior school system.

LEON HIGGINBOTHAM, JR., 1998

1. *The first step is to close the huge hypocrisy gap between our strong political words about caring about children and our very weak actions in investing in children. Our nation must make and keep the commitment to educate all children and back it up with strong leadership and adequate resources.* In 1989, President Bush and all 50 governors of the United States met at Charlottesville, Virginia, to develop goals for the education of all of America's children by the year 2000. Then-Arkansas governor and National Governors' Association head, President Bill Clinton, was a leading force behind them. *Although those goals — especially the cornerstone goal of getting children ready to learn — were urgently important, realistic, and achievable, not a single one of them will be met.* After all of the political preening and promises by those in the highest seats of power with the ability to make change happen, our children's education was put on the back burner as more powerful and glitzy political issues garnered attention and action. No strategic plan was ever developed or coalition of conscience ever mobilized by the top political leaders of either party at any level of government to rally the national commitment to build the most effective security system in America's arsenal — educated children. Instead, our children's education took a back seat to more questionable military defense systems in the post-Cold War era and corporate welfare retained its great supremacy over child and family welfare. The peace dividend evaporated for domestic needs, and a booming economy benefited the few at the top without trickling down a fair share to those in the middle and at the bottom.

Notable exceptions exist. North Carolina Governor James Hunt pushed for and got enacted a statewide Smart Start program to get children ready for school. Former Ohio Governor George Voinovich invested millions of state dollars to supplement federal Head Start dollars and guaranteed every eligible child a Head Start. Texas's business community's commitment to improving the achievement levels of all children and to closing the gap between White and Black and Brown children and between rich and poor children appears to have made significant progress. In Kentucky, forward strides seem to have been made in implementing accountability measures with

Education Goals 2000

Not a single one of the goals adopted by President Bush, 50 governors, and Congress to educate our children by the year 2000 will be achieved. The eight goals are:

- Goal 1 — All children will start school ready to learn.
- Goal 2 — Ninety percent will graduate from high school.
- Goal 3 — All children will master core academic subjects and be prepared for responsible citizenship and productive employment.
- Goal 4 — The skills of the nation's teaching force will be improved
- Goal 5 — America's children will be first in the world in mathematics and science.
- Goal 6 — Every adult will be literate.
- Goal 7 — Schools will be safe, disciplined, and free of alcohol, drugs, and firearms.
- Goal 8 — Parental involvement in schools will increase.

The answer is to quintuple efforts to achieve these goals, not delay them another ten years and condemn another generation of children to social and economic oblivion.

incentives to school staffs who provide positive child outcomes. Philadelphia's Mayor Ed Rendell joined his superintendent of schools, David W. Hornbeck, in suing the Commonwealth of Pennsylvania to equalize and make more adequate funding for Philadelphia's school children, which lags behind the rest of the state.

All the new political rhetoric about education reform will produce no better results than education reform pronouncements in the past unless there is the strong commitment to building the moral and political will to help all *children* by every segment of society: business, religious, and community leaders, parents, educators, child advocates. It cannot be business as usual.

The key will be keeping children and their achievement at the center of each education goal and maintaining a sense of urgency. Believing in children, expecting every child to learn, or at least acting as if we expect it, is the precondition to everything else. If teachers do not expect and believe every child can learn, children will sense it, and be undermined in their learning, however small the class size. *Any teacher who does not love and respect all children should get out of the classroom right now.* Any teacher or administrator who views their work simply as a job and not as a mission should find other work. Any educator who is not well prepared to understand the development of children and the subject matter they expect children to learn should be retrained. Children cannot give what they do not receive. And they deserve to receive the best so that they can compete with the children of other nations in mathematics, reading, and science.

2. Do not make the education of children a partisan or political football game. The real human and national stakes are too high, and the American people are sick to death of self-interested partisan bickering and posturing. *Our children's lives are at stake. Our nation's future is at risk.* The new education reform debate must not be about electing either Democrats or Republicans to Congress or the Presidency. It must not be about pandering to interest groups who can turn out the most votes. It must not be about which education reform strategy works since we know that many of them work *if* accountability and concern for children are the constant elements. It must not be about how much discretion state and local officials have, but how well they use the enormous discretion they already have to educate children and the standards they have adopted to

Promising Signs

Although there are no high poverty school districts that have succeeded with virtually all their children, there are promising signs of progress in Texas, North Carolina, Kentucky, Chicago, El Paso, San Francisco, Boston, and Philadelphia. The key is to sustain support. CDF Board Chair and Superintendent of Schools in Philadelphia, David W. Hornbeck, said in a 1998 speech to the National Council of Churches:

> The bottom-line, good news first. The Philadelphia Board of Education, two years ago, set a goal of 95 percent of our students reaching carefully defined, world-class academic standards in reading, math, and science in one student generation of 12 years. It set rigorous performance targets for each of our schools, of closing 1/6 of the gap every two years between the school's baseline and the 12-year goal. The first two-year cycle ended this past June. The District's students exceeded the high performance targets set for them. In the context of our new higher standards, measured by our new tougher tests, 241 of our 249 schools made progress. One hundred forty-five of our schools (56 percent) exceeded the very high two-year performance targets set for them. Moreover, these schools included our lowest income schools, our racially isolated schools, and our schools with the highest proportions of English Language Learners. But what is notable are not the 145 individual school stories and the thousands of successful individual classrooms in those schools, although they are wonderful stories to tell. What is notable is that we have been able to bring success to scale. There are more than 103,000 students and 6,000 teachers in those 145 schools. I am not describing a handful of individual schools or classrooms experiencing the hothouse effect of carefully calibrated experimentation. I am describing the remarkable progress resulting from hard and smart work by ordinary students, parents, teachers, and principals who, if you just counted the 145 schools exceeding their performance targets, would constitute the 23rd largest school district in the United States — larger than Washington, D.C., Cleveland, Boston or Denver, to name a few of the other 16,000 districts. There is no magic to this accomplishment. We committed ourselves to the proposition that all of our kids would succeed. We defined high academic standards, measured their attainment with a better and tougher battery of tests, and established an accountability system based on student performance that rewards, helps, or penalizes teams of teachers, principals, and central administrators, including the superintendent. We decentralized decision-making to local school councils and organized schools into small learning communities, each not bigger than about 400 students. We increased training for staff, parents, and community people significantly. All five-year-olds now have full-day kindergarten. Our students have books in the core subjects, and there is one computer for every ten students, better than the 1:30 ratio four years ago. We have a host of new partners, including almost 15,000 new parent and citizen volunteers, and 350 employers providing apprenticeship slots for 3,500 of our students in grades 11 and 12. We've shifted large amounts of money from administration to instruction, where it belongs. We've raised more than $150 million in private and public competitive grants. And we have done all of these things at the same time, which has meant that the *system* is *changing*, not just its individual parts.

measure results and hold themselves and educators accountable.

At a time when states are flush with billions in tobacco settlement monies, and billions of welfare legislation money some states have not spent, we should judge states' good faith not by their rhetoric about children but by their concrete investment and results. Children have no time for a blame game or an ideological tug of war about public schools, charter schools (which are publicly funded schools), and vouchers. Public school choice should be supported and private school choice respected. But vouchers to private schools which serve a small minority of students should not be underwritten by taxpayer funds, which must be used consonant with constitutional boundaries. However, wherever children are educated, they should be educated well. Wherever children are educated, innovation and creativity should be encouraged and accountability insisted upon. And in every community, supplemental after-school and summer enrichment efforts must be provided so that ending social promotions for children does not increase school dropouts. The cure for one education sickness should not create a more serious education sickness. Children should get what they need to learn and graduate as competent citizens.

3. *Recognize that every single American has a self-interest stake in educating every child.* Educated children make educated citizens. Educated citizens are the engine of effective democracy. Education is far less expensive than ignorance, long-term welfare, and prisons. Between 1980 and 1998, the number of persons in adult prisons and jails more than tripled from 502,000 to 1,800,000. This increase of 1.3 million prisoners costs us $25.9 billion every year. This does not include the vast increase in police, court, probation, and parole spending, the lost taxes each properly educated and employed adult pays to all levels of government, or the amount of spending taxpayers don't have to undertake when such educated and employed adults care adequately for their dependents — parents, relatives, and their own children. An estimated 40 percent of those in the U.S. prison system have not completed high school. For the average cost of detaining them of $35,740, we could have sent them to a public university for over four years. *Why* are we willing to spend so much more to lock our children and youth up *after* they get into trouble than we are willing to invest in Head Start, child care, and after-school programs to get children ready to learn and succeed and stay out of trouble?

I strongly support America's safety net for senior citizens, but I believe our children are equally important. The grandfathers and grandmothers in America today, many of whom are increasingly having to assume responsibility for raising or helping raise their grandchildren, need to speak out for rather than vote against school bond issues to support children and good public education. Grandparents have a responsibility to be good ancestors, as well as a self-interest in all the children who populate our communities. If children are not learning in school and are not safely engaged after school, they are more likely to commit crimes and threaten senior citizens and end up on welfare or in prison, which drains taxpayer resources. And, all of us who hope to become senior citizens and who are concerned about the stability of our Social Security system need to fight for policies and investments that educate all well. Forty-nine years ago there were about 17 workers paying Social Security for every person receiving it; today, there are about three, and the real income of these workers is not increasing rapidly enough to carry the burden in the future.

4. *Stop punishing Black and Brown and poor children who can learn as well as any children if we expect it and provide them fair educational opportunity.* We are writing off millions of children who are Black and Brown and non-English speaking, or disabled, or poor because of the racist and classist views of many politicians and citizens about the capacity of these children to learn. We justify unequal resources to many inner city and rural public schools by telling ourselves those dollars will be wasted on "unworthy" children incapable of learning. But this unjust and blanket group assumption tracks millions of children to educational failure and costs our nation incalculable talent and opportunity.

God did not choose to make our nation or world with only one race, one color, one sex, one

hair color or texture, although God created all human beings out of one blood. Those who neglect child needs because of racism need to think harder not just about the morality of their positions but about their narrow self-interest. Demographic realities show that by 2030, non-White children will constitute a majority of American children. Whether we like these children or not, we will need them. As America becomes more like the world we live in and seek to lead, we have an enormous opportunity to show that America's dream is for real and is meant for all and to correct the tragic gap between the self-evident truths about equality in our Declaration of Independence and the hypocrisy of not practicing what we preach. In sum, our fate will be shaped as much by the Black and Brown as by the White children today.

- Of every 100 kindergartners, 87 graduate from high school
- Of every 100 White kindergartners, 93 graduate from high school
- Of every 100 Black kindergartners, 87 graduate from high school
- Of every 100 Hispanic kindergartners, 62 graduate from high school

- Of every 100 kindergartners, 57 start college
- Of every 100 White kindergartners, 63 start college
- Of every 100 Black kindergartners, 47 start college
- Of every 100 Hispanic kindergartners, 33 start college

- Of every 100 kindergartners, 28 complete 4 years of college
- Of every 100 White kindergartners, 33 complete 4 years of college
- Of every 100 Black kindergartners, 14 complete 4 years of college
- Of every 100 Hispanic kindergartners, 11 complete 4 years of college

5. *Invest right now in what we know works to help children get ready for school and ready to learn.* A *fair* share of the budget surpluses should be allocated to children. There is *no* excuse for states, the private sector, or the federal government to wait another minute to give every child a healthy and fair start in this time of great economic prosperity. *Now* is the time to end child poverty as we know it by getting every child ready to learn and succeed; ensuring their parents the supports they need to work; and making sure that jobs paying decent wages are available or that refundable tax credits supplement their earnings. Even during an economic downturn, investing in preventive health, nutrition, early childhood, and education is the soundest human and fiscal policy. (See CDF's priorities for child investment, p. xxii-xxiii).

I hope every state and the federal government will take immediate steps to get every child ready to learn and to succeed, which could be funded either from budget surpluses, tobacco funds, holding the line on military increases and new tax breaks for the non-needy, or from corporate welfare. These include:

- *Ensuring every single child a healthy start including prenatal care, immunizations, health coverage, enough to eat, and decent housing.* All 11.6 million uninsured children — 90 percent of whom live in working families — should be *immediately* covered. *Every* state should implement massive outreach programs to enroll every eligible child for the new $48 billion Child Health Insurance Program (CHIP) enacted in 1997 and for Medicaid; ensure that their benefit packages are comprehensive and child-appropriate; and extend affordable coverage to every uninsured child as New York state has done. And every state must decrease the massive bureaucratic barriers they have erected that deter parents from seeking needed services for their children. Long, unwieldy application forms should be eliminated. In California, after much advocacy, the child health coverage form went from 28 to 4 pages. *Our national and state goal must be to give as many children as possible a healthy start — not to see how many children states cannot serve in order to save money.* They'll simply pay more in

Children Deserve a Fair Share of the Federal Budget Surplus

Over the next decade, the Congressional Budget Office (CBO) estimates that the nation will enjoy enormous surpluses — $768 billion "on budget" (excluding social security receipts) and $1.9 trillion "off budget" (including Social Security receipts). That's a total of $2.67 trillion over the next decade, a surplus unparalleled in American history. How we use that surplus is a test of who we are as a people and as a nation. The Children's Defense Fund believes that investing in children should be a top priority for political leaders of both parties deciding how to allocate surplus resources. Below are several illustrative examples of investments that would use only a small fraction of the surplus, but give large numbers of children a fairer start in life.

Health Care: All children need health care services to stay well, to help them recover from illnesses and injuries, and to prevent medical problems from becoming more serious. Yet, 11.6 million children lack health care coverage in the United States today. Between the new State Children's Health Insurance Program (CHIP) and Medicaid, many of these children are eligible for coverage. We can and should redouble our outreach efforts. All uninsured children in families with income below 300 percent of the poverty line could have health insurance for an additional $2.3 billion a year.

Head Start: Since 1965, Head Start has helped more than 15 million children build the confidence and skills they need to succeed in school and to become productive citizens in our nation. Head Start is unique in its comprehensive approach to the needs of children and families — it offers early education, health, social services, and nutrition services, has a strong focus on parent involvement and support, and builds upon the strengths of local communities. It can help children get ahead and be more likely to succeed. Head Start is currently funded at $4.6 billion. President Clinton has requested an increase of $607 million for a total of $5.3 billion in FY2000. CDF estimates that an additional $7.37 billion a year could fully fund Head Start. Currently, Head Start serves only 40 percent of eligible children.

Child Care: Child care today is too often unavailable, unaffordable, or of mediocre quality. Waiting lists in many states are long and parents feel anxiety about their child care choices. Today, 64 percent of mothers with children younger than six years of age are in the workforce; 74 percent of mothers with school-age children are working. Yet, only one out of ten children whose

emergency room care. And every family leaving welfare or denied welfare benefits should be told if they are eligible for Medicaid or food stamps and helped to receive them rather than discouraged.

- *Ensuring every child a quality pre-school experience through adequate parent supports, quality child care,* and pre-school programs. Every governor who professes to care about education ought to be held accountable for putting their dollars and leadership behind their words. In 1999, CDF will begin our annual report card on state performance on key child indicators. Working together with the business and religious

family needs child care help receives any assistance. For an additional $6 billion a year, another 2.5 million children could receive child care assistance.

After-School Care: Nearly five million children are home alone after school each week. Reports are that the numbers are probably higher, but many parents don't want to admit that their children are home alone. Youths left home alone after school are more likely to engage in risky behavior like smoking, drinking, sex, or crime. Juvenile crime peaks between the hours of 3:00 pm and 7:00 pm. At the same time, a Department of Education survey of schools in low-income communities found that only one-third of schools in such neighborhoods offered before and after school programs. The 21st Century Community Learning Centers, which provides grants for after-school care, was funded at $200 million in FY99. President Clinton has requested $600 million for FY2000. CDF estimates that $7 billion a year would enable communities to offer after-school programs to keep at least 2.5 million children safe.

WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children: WIC provides federal grants to states for food, infant formula, nutrition counseling, and health care referrals for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants, and children up to age five who are found to be at nutritional risk. WIC has been linked to lower infant mortality, higher birthweights, and longer gestation periods. Currently, WIC serves about 7.4 million individuals, of whom three-quarters are infants or children. While 98 percent of all eligible infants are served, the Food and Nutrition Service estimates that WIC serves about 60 percent of all eligible women, infants, and children. WIC is currently funded at $4.01 billion. President Clinton has requested an increase of $149 million for a total of $4.16 billion in FY2000. CDF estimates that an additional 4.9 million women and children could receive WIC benefits at an annual cost of $2.5 billion.

School Construction: More than 14 million students attend schools that need major renovation or outright replacement. Some 7 million children attend schools with life threatening safety-code violations. About 12 million children attend schools with leaky roofs. In communities in every state, schools are crumbling and children struggle to learn in unsafe conditions. The General Accounting Office (GAO) has estimated that it would cost more than $112 billion to renovate and upgrade our children's schools.

communities, child advocates, and parents, we can and must achieve the goal of getting every child ready for school. Every state can follow North Carolina's and Ohio's lead of investing significant dollars in early childhood and Head Start. If they do not, we cannot achieve any of the other education goals. Is there a single one of us who believes that the world's sole remaining superpower should not be able to educate all its children if it wants to? And if we do not want to, should we doubt that we'll flunk God's test for doing justice to the least among us?

The answer does not lie in delaying our nation's previous education goals for another 10 or 12 years as some propose. This simply condemns a whole generation of children to social oblivion and avoids healing a national cancer that will devour our soul more rapidly

Watch Whether They Do What They Say for Children

In 1999, children were included in State of the State speeches or inaugural addresses delivered by governors in more than 40 states.

- Governors in 41 states focused on education issues.
- Governors in 28 states discussed child health.
- Governors in 19 states talked about improving child welfare services.
- Governors in 17 states cited child care needs.

Governor Bill Graves, Republican from Kansas, "The success of tomorrow's century will be determined by the success of today's children. For the next four years, there will be no greater emphasis, no greater focus, no greater priority than the one we place on our children."

Governor Thomas Carper, Democrat from Delaware, Chairman of the National Governors' Association, "The future of our youth literally depends on us."

Governor Jeb Bush, Republican from Florida, "Education will remain my top priority until we can honestly say that our system no longer leaves any child behind."

Governor Jim Hunt, Democrat from North Carolina, "Let's resolve to give every single child the chance to realize the full measure of their potential and their dreams."

Governor Mike Huckabee, Republican from Arkansas, "We know if they [children] start right, they have a much better chance of finishing right."

Governor Frank O'Bannon, Democrat from Indiana, "What will make Indiana the best place on earth for the high school class of 2016 to live, work, and raise a family? And what are we doing — every day — to help realize that vision?"

Governor Cecil Underwood, Republican from West Virginia, "Access to affordable, quality child care is central to welfare reform and support of low-income working families."

Governor Jeanne Shaheen, Democrat from New Hampshire, "We must ensure that parents can go to their jobs knowing their children are in good hands, and businesses must be able to depend on workers with young children."

Governor Tommy Thompson, Republican from Wisconsin, "Tonight we begin our journey with ambitious initiatives in education, health care, child care, W-2, and transportation — focusing largely on our children, the first pioneers of a new millennium."

CDF's Ten Point Education Agenda for Every Child

Too often lost amid rhetoric about education reform is this simple fact: education is about one thing only — **our children**. If America's public education system — the pillar of our democracy — is to be revitalized, it must be refocused exclusively on the well-being of **all** students. While appropriately ambitious, the following ten-point agenda for education reform is realistic, achievable, and absolutely essential. It puts children first in education policy by insisting that America:

1. Operate from the premise that all children can learn and perform at high levels — and thus focus every action in our education system from school board decisions down to teaching in the classroom on helping all children perform at high levels.

2. Ensure that every child enters school ready to learn and ready to succeed — and that requires access to safe, nurturing, quality early child development experiences and pre-school education opportunities.

3. Set measurable and appropriate standards for success — and hold everyone — administrators, teachers, parents, and students, in that order — accountable for whether those standards are met.

4. Empower teachers and principals to make as many key education decisions as possible — reduce the size of educational bureaucracies and change their role from one of direction to one of support, because decisions made at the level closest to the students will best meet their needs.

5. Invest in quality teaching — by ensuring lifelong training and retraining, and by compensating teachers commensurate with their ability and essential role in our society.

6. Provide every child state-of-the-art tools — ranging from up-to-date textbooks (many schools districts still don't have enough) to Internet access.

7. Provide sufficient resources to make all of the above a reality — but use those resources wisely and efficiently.

8. Involve the entire community in this cause, ensuring that students receive the support and services they need to succeed in school — that requires a coordinated effort by health care providers, police, social service agencies, neighborhood groups, congregations, and the full range of voluntary organizations that work with children.

9. Engage the public in the school reform debate — only with full participation by those who elect education decision makers and pay taxes can child-centered reform succeed.

10. Address every one of the above ten elements now — in its entirety, this agenda will succeed. Addressed in pieces, it will not.

BEST COPY AVAILABLE

From 1969 To 1997:
The U.S. Is Getting Richer But Its Children Are Remaining Poor

The nation's resources to end poverty grew:

- The nation's total wealth per person — measured by per capita real gross domestic product — grew by 62 percent.
- As a nation, we consumed 73 percent more material goods and services per person in 1997 than we did in 1969.

Child poverty rose rapidly, including among working families:

- The number of poor children in America grew by 46 percent (more than 4 million).
- About one-half of this growth represented the growing number of poor children in families headed by someone who worked.
- The poverty rate of all American children grew by nearly one-half (from 14.0 percent to 19.9 percent).
- The poverty rate of children in working families who are poor grew by nearly one-third (from about 10 percent to about 13 percent).

Why did we fail to end child poverty?

- The economy was changing. Rising economic inequality drove up the percentage of workers with below-poverty wages — from 13 percent among males in 1973 to nearly 23 percent in 1997, according to the Economic Policy Institute.
- The safety net for children, always meager, lost further ground in the 1980s. Nonetheless, it lifted more than 2 million children out of poverty in 1997 (more if food, housing assistance, and the Earned Income Tax Credit are counted).
- The group that received the most antipoverty help — the elderly — saw their poverty rate plunge in half, from 25.3 percent in 1969 to 10.5 percent in 1997.
- If the safety net was as effective at lifting low-income children out of poverty as it is for the low-income elderly, 3 out of 4 of today's poor children would no longer be poor.
- If the safety net for children was as effective in America as it is in Great Britain, 3 out of 5 of our poor children would no longer be poor.

every day we delay effective action. The answer is to mend our ways and quintuple our commitment to do right by our children, right now. Let's start today — 1999 — putting into place the resources and political muscle to get our moral priorities straight. Let every citizen tell every leader in our nation and states that school readiness is more important than more unneeded military weapons systems. Political analyst William Greider estimated recently that it costs $2,000 an hour to operate an M-1 tank. That's $48,000 a day and $1.45 million a month. That money would serve 5,800 more children in after-school programs or provide 2,900 more women and babies adequate nutrition through the effective WIC program.

- *Assuring a quality education in all public schools. We know the combination of factors that can help children achieve.* In Philadelphia and elsewhere where these have been applied, there is promising evidence that children across the system are beginning to achieve. As Title 1 of the

Elementary and Secondary Education Act is reauthorized, the 10 point Education Agenda listed on p. xxv should be incorporated and implemented with the needed accountability mechanisms and incentives to achieve results over time. They are not magic bullets that will produce instant results but are common sense guidelines that deserve to be fully tried over time for all children. That's never been done.

- *Make sure all children are safe and positively engaged after school and during summer months.* Every one of the five million children who come home to empty houses is at greater risk of alcohol, drug, and tobacco use, pregnancy, and violence. It is *urgent* that they be positively engaged by families, congregations, schools, and other community institutions. It is *urgent* that children failing in school be provided good summer school and other stimulating educational opportunities. It is *urgent* that summer jobs and recreation with adequate adult supervision be available to every child. It is *shameful* that so many public parks and playgrounds are inhabited by drug dealers and gangs and that many of these playgrounds in America are unsafe. We can do something about this *if* we want to and *if* we care about children.
- *We must end child poverty by helping every child to achieve and giving parents choices.* Parents should have a true choice of staying at home without being forced into poverty or going into the labor force without having to worry about adequate child care for their children. Seventy-one percent of all poor children in America live in families where somebody works. Child poverty is not just a welfare or urban city problem. Sixty-three percent of poor children are White; 56 percent of poor children do not live in inner cities; and 34 percent of poor children live in two-parent families. Between 1969 and 1997, our nation's total wealth per person grew 62.1 percent, while the number of poor children grew 46 percent (more than 4 million). The average poor family with children in 1997 had to live on $167 a week, or less than $24 a day. The question is whether America is going to move more and more towards one nation or become two nations divided by income and race? Whether we are going to understand and weigh the huge fiscal and human costs of maintaining current epidemic child poverty against the greater benefits of eliminating it? Whether one child's life and millions of children's lives are valued as much as political one-upmanship and another costly weapons system and aid to non-needy corporations? The question is who we are and what message of justice we want to teach our children and the world?

In a recent paper written for Business Leaders for Sensible Priorities, Dr. Lawrence Korb, an assistant secretary of defense in the Reagan administration, tells us that the United States has spent over $2 trillion on national security *since the end of the Cold War.* Korb estimates that we could cut $40 billion a year from our defense budget and still maintain the most powerful military in the world. Can you imagine the weapons of life rather than death we could buy for $40 billion? I can. Weapons against preventable children's diseases and hunger, against poor education and substandard housing, and against violence and hopelessness in the neighborhoods, schools, and homes of our country.

This unique joining of socially concerned American business leaders, who understand what it takes to run a profitable business and the foolishness of waste, with retired soldiers, officers, and senior military advisers, who know what is needed to maintain a strong national defense and take care of our troops, has come together to make their case not only to the Congress and the policy makers who spend our national tax dollars, but also to inform the public when and where we are failing as a nation. All citizens should join in calling for fairer national priorities.

A nation is no better, no stronger, and no more honorable and moral than its people. Remember, it is *our* money the Pentagon is spending. And it is *our* children who are facing the new millennium, far too many still not immunized against preventable disease and suffering from easily curable illnesses their

uninsured working parents cannot afford to treat. It is *our* children who are skipping meals and facing homelessness and insecurity because of the recent welfare legislation passed by the Congress *we* elected and signed into law by the President *we* elected. It is *our* children who are home alone or in poor-quality day care many working families can barely afford. It is *our* children whose low-income parents are unable to stay at home and meet the basic needs of their children. It is *our* children who are not prepared to learn and succeed when they enter schools staffed by too many teachers and principals who expect them to fail, and shrug when low expectations are fulfilled. And it is *our* children who are not safe in too many of our schools, or on our streets, or in our homes. We can and must do better.

It's up to us — each one of us — to stand for children and make our voices heard. It's time to say NO to national priorities that help the rich and hurt the poor and that invest in weapons of war rather than in weapons of peace. It's time to say YES to our children and to our future and to becoming a caring, compassionate, and fair nation.

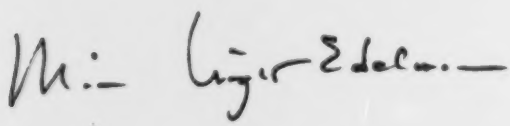
Both the Old and New Testament are clear:

Take care that you do not despise one of these little ones; for, I tell you, in heaven their angels continually see the face of my Father in heaven. What do you think? If a shepherd has a hundred sheep, and one of them has gone astray, does he not leave the ninety-nine on the mountains and go in search of the one that went astray? And if he finds it, truly I tell you, he rejoices over it more than over the ninety-nine that never went astray. So it is not the will of your Father in heaven that one of these little ones should be lost.

MATTHEW 18:10

He has told you, O mortal, what is good; and what does the LORD require of you but to do justice, and to love kindness, and to walk humbly with your God?

MICAH 6:8



Marian Wright Edelman

P.S. I hope that you and your community will join hundreds of other communities as they take a Stand For Children this year on or around June 1. Let's work together to ensure that every child is Ready to Learn, Ready to Succeed. For more information on Stand For Children '99, contact www.stand.org or 1-800-663-4032.

CHAPTER 1

FAMILY INCOME

The New, Working Face of Poverty

There was good economic news in 1998 for most of America's families with children, as well as urgent new needs for struggling working families, including those leaving welfare.

The fruits of a strong economy were shared widely among Americans in 1998. Unemployment fell to its lowest level since 1969. For the second year in a row, wages rose, with the gains cutting across lines of race, ethnicity, and education.

Yet these advances barely made a dent in decades of rising inequality in wages and incomes for low- and moderate-income families. New figures on family income for 1997 showed that the gap between rich and poor families remains at an all-time high. And while most states offered some expansions of work supports, the scope of those improvements was dwarfed by the loss of aid as states retracted the traditional welfare safety net. Many of America's poorest families left welfare in search of work, only to find even deeper poverty and deprivation.

Developments in 1998 made it clear that, more than ever, poverty has a working face. The long-term trend of rising employment among single mothers — fueled by expansions in the earned income tax credit and other supports, as well as by changing welfare rules and the booming economy — has also led to a record number of working poor families with children, as many newly employed women are forced to work in low-wage or part-time jobs. Seven out of 10 poor children now live in a family where at least one parent or guardian works, up from six in 10 just four years earlier. This dramatic shift was helping to rewrite the list of American families' top needs in 1997 and 1998. The growing ranks of working poor and near-poor families need additional wage supplements, services, and training if they are to stay employed and begin to lift their children out of poverty.

The good economic news has not reached the poorest families because reduced unemployment does not necessarily lead to above-poverty jobs. While parents with current or recent welfare experience were more likely to work in 1998 than in 1989, only one of every four of the new jobs paid above-poverty wages.[1]

For many families, earnings alone cannot purchase health coverage, child care, and their children's basic needs. Moreover, new data show that employee fringe benefits such as health insurance have eroded in recent years, particularly for workers in the bottom fifth of the wage scale.[2] This "double-whammy" causes low-income families to struggle — even in these prosperous times — to pay for food and shelter, an alarming phenomenon documented in recent federal and state reports.

Such hardships threaten the ability of millions of American children to enter school every day ready to learn and ready to succeed. Inadequately

nourished children are less likely to perform well in school. Children in substandard, overcrowded housing who move frequently because their families are unable to pay the rent tend to miss school and score lower in reading and math. A poor child's greater risks of stressful surroundings, ill health, and disability conspire against his or her future success.[1] With one child in three poor at some point before he or she turns sixteen, their future is ours.

Clearly, low-income workers who face difficulty providing for their children need basic work supports — at minimum, paid sick days, health coverage, child care at affordable levels, and cash supplements to low earnings. This vital package of supports will only be provided by the combined efforts of the public and private sectors, and the families themselves. For the below-poverty family moving from welfare to work, and for other families struggling with low wages and benefits, developing a flexible package of work supports must be a top priority for 1999 and beyond.

Trends — Gainfully Employed, but Gaining Little Economically

Unemployment fell to 4.5 percent in 1998, the lowest level since 1969, with declines shared across lines of race, gender, and education. But Blacks and Hispanics continued to experience unemployment rates more than twice that of Whites: 8.9 percent for Blacks and 7.2 percent for Hispanics, compared with 3.6 percent for Whites. Among high school dropouts age 25 and older, the unemployment rate (7.1 percent in 1998) remains nearly four times higher than for college graduates (1.8 percent).

In 1997, average weekly wages of non-supervisory workers made their strongest gain in 25 years, a one-year inflation-adjusted increase of 2.2 percent, to $425 a week. Then, they rose even faster in 1998 — 2.5 percent according to preliminary figures. But these improvements made up little of the ground lost from 1972 through 1996 when real wages declined by 19 percent.

The income of the typical (median) family with children rose a solid 4 percent in 1997 after adjusting for inflation, reaching $43,545. This marked the highest level in 18 years, yet remained below the high of $43,810 set in 1979.[4]

The gap between rich and poor. For most Americans, the recent progress could not be more welcome, coming on the heels of two decades of growth whose benefits were felt chiefly by the well-to-do. For example, when economists at the Economic Policy Institute (EPI) examined national data on workers' wages, they found that only the best-paid workers (those at the 80th and 90th percentiles) made inflation-adjusted wage gains from 1979 to 1997. Workers at all other wage levels saw declines, ranging from 4 percent for those at the 70th percentile (who earned $15.08/hour in 1997) to 15 percent for those in the 10th or bottom percentile (earning $5.46/hour in 1997), after adjusting for inflation.[5]

Falling wages at the bottom of the ladder contributed to falling incomes for the poorest families. In 1979, the poorest one-fifth of American families made an average of $13,009 a year (in 1997 dollars), while the top fifth made $100,164. By 1997, the bottom one-fifth had seen their incomes drop seven percent (to $12,057 a year), while the richest one-fifth gained an additional $34,000 (to $134,285). In 1997, the richest one-fifth of families received nearly one-half (47.2 percent) of the nation's aggregate annual family income — the largest share on record — while the middle two-fifths of families received a smaller percentage than ever before.

Fringe benefits widen the gap. Many economists have long assumed that employer-provided benefits tended to narrow the pay gap between rich and poor. But in 1998, Brooks Pierce of the Bureau of Labor Statistics found the opposite is true — wages alone understate the total disparity. Fringe benefits offered by employers were losing value for the lowest-paid workers even faster than wages, and rising even more for the best-off. Benefits such as health insurance, sick and vacation days, and mandatory payments to government unemployment insurance rose eight percent in value for the highest-paid one-fifth of workers from 1982 to

1996, and fell 17 percent for the lowest-paid fifth. Wages and benefits combined for the top fifth were worth 4.6 times the wage and benefits package of the lowest fifth in 1982; by 1996, the gap increased to 5.5 times.[6]

Stock market rally fails to narrow the gap in wealth. Families with lower incomes tend to possess less wealth, and their small savings are less likely to be invested in equities than those who are better off. The average net worth of non-elderly households making less than $15,000 a year in 1995 was $31,900. For households making at least $75,000, average net worth was $774,300 or *more than 24 times higher.*

Some believe that the stock market surge of the last few years has led to an equalizing of wealth, because more middle-income Americans own stocks. But Federal Reserve Board Chairman Alan Greenspan suggested otherwise in an August 1998 speech. He cited a study of stock market gains from 1992 to 1995, showing that the very rich still owned most stocks. "If patterns of equity ownership have not changed much since 1995," Greenspan said, "the steep rise in stock prices over the last several years would suggest a further increase in the concentrations of net worth."[7] Between 1989 and 1997, more than 85 percent of the stock market gains went to households in the top one-tenth for wealth, according to New York University economist Edward Wolff. The bottom 40 percent received only 1.2 percent of stock growth.[8]

More Poor Children in Working Families; Growing Numbers in Deep Poverty

It is striking that the nation's economic engine has not so far powered a greater reduction in child poverty. Nearly one in five American children — 19.9 percent — was poor in 1997. While the proportion of children in poverty continues to edge downward from a high of 22.7 percent in 1993, at the current rate of progress, it will take until the year 2003 before the child poverty returns to the 16.4 percent rate of 1979.

Facts

- Median inflation-adjusted income for families with children rose by 4 percent in 1997 — the fastest growth in at least 24 years — reaching $43,545 a year, according to the latest Census Bureau figures.
- The number of children living below the poverty line ($12,802 for a three-person family or $16,400 for a family of four) edged downward for the fourth year in a row and stood at 14.1 million children in 1997.

BUT:

- The number of working poor families hit a record high. In 1997, 3.7 million families with children lived in poverty despite being headed by someone who worked all or part of the year — the highest number in the 23 years for which these figures exist.
- The number of children living in extreme poverty — with incomes below one-half of the poverty line — crept upward by 394,000 since 1995, despite the strong economy.
- Nearly one in five American children (19.9 percent) still lives in poverty.
- The income gap between rich and poor households remains the widest on record, and the bottom two-fifths of all American families have lower average income than they had in 1989.
- 2.0 million households with children experienced hunger in 1995, according to the U.S. Department of Agriculture. Another 4.7 million households with children were at risk of hunger.

Figures

But apart from the welcome if modest overall reduction, important changes were occurring in the nature of poverty experienced by children and families. Of the 14.1 million children who were poor in 1997, 9.6 million lived in families where an adult worked at least part of the year. The average poor family with children received nearly three times as much income from work ($5,295 a year) as from welfare ($1,824 a year).[9] The rising proportion of poor children in working families is evidence that moving parents from welfare to work — without other forms of support — will not raise most children out of poverty. And this goal — ending child poverty as we know it — should be the top priority of government welfare policy.

Parents in poor families have been taking jobs, both because of the economic boom and because of notable policy changes at the federal and state level. According to a widely cited study by economists Bruce D. Meyer and Dan T. Rosenbaum of the National Bureau of Economic Research, the annual employment rate of single mothers of all incomes increased from approximately 72 percent in 1984 to about 82 percent in 1996. The lion's share of this employment increase — about 60 percent, they estimate — was caused by increases in the federal Earned Income Tax Credit, which made work more attractive by supporting the wages of low-wage working families. Lesser factors included state welfare experiments operating before the 1996 federal welfare law took effect and other policy changes in child care, Medicaid, and job training.

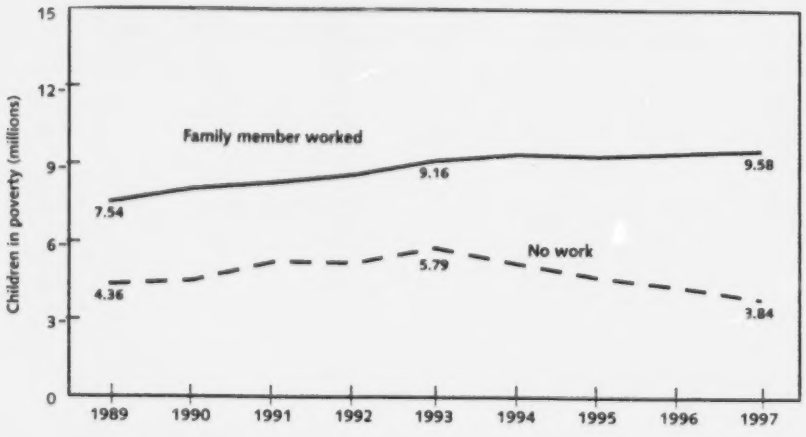
The number of single mothers at work in any given week continued to grow in 1997 and 1998, government data show — including a rise of 412,000 in 1997, the largest such increase in absolute numbers on record, and another increase of 129,000 in 1998.[10] Many of these mothers came from the welfare rolls.

Despite increases in work for single mothers, few of these jobs pay enough or are stable enough to produce above-poverty income. A recent CDF tabulation of Census Bureau survey data found that of people surveyed in March 1998 who reported receiving any welfare during the prior year, 32.4 percent reported that they had a job in the week before the survey — up from 18.8 percent in the survey for March 1992. But of those who were working in 1998, only 28.8 percent earned above the federal poverty line (about $250 a week for a three-person family in 1998 dollars). This represents a substantial drop in earning power since 1990, when 37.4 per-

MORE POOR CHILDREN IN WORKING FAMILIES

71 percent of poor children in 1997 had a family member who worked — up from 61 percent in 1993. Work alone has not lifted these children out of poverty.

NUMBER OF CHILDREN IN POVERTY, BY WHETHER THEIR FAMILY MEMBERS HAD ANY WORK DURING THE YEAR, 1989-1997



Source: U.S. Department of Commerce, Bureau of the Census, March 1990-1998 Current Population Survey. Calculations by Children's Defense Fund.

Children in Poverty, 1996 and 1997

Characteristic	Number Poor (thousands)		Percent Poor	
	1997	1996	1997	1996
Total	14,113	14,463	19.9	20.5
Age				
0-5	5,198	5,491	22.0	23.2
6-17	8,914	8,973	18.8	19.1
Race or ethnicity				
White	8,990	9,044	16.1	16.3
Black	4,225	4,519	37.2	39.9
Asian and Pacific Islander	628	571	20.3	19.5
Hispanic*	3,972	4,237	36.8	40.3
Place of residence				
Central city	6,146	6,509	28.9	30.8
Suburb	4,758	4,787	13.3	13.5
Rural (nonmetropolitan area)	3,209	3,167	22.7	22.4
Region				
Northeast	2,494	2,489	19.7	19.2
Midwest	2,577	2,590	15.2	15.5
South	5,303	5,543	21.6	22.9
West	3,739	3,842	22.1	22.9
Family type				
In primary families**	13,422	13,764	19.2	19.8
Married couple	4,759	5,035	9.5	10.1
Female-headed	7,928	7,990	49.0	49.3
Male-headed	735	739	21.7	22.8
Family employment status				
Family member works	9,581	9,471	14.7	14.7
Full-time year-round	3,594	3,678	6.6	6.9
No workers in family	3,842	4,293	84.9	88.9

* May be of any race.

** Children related to the head of household by birth, marriage, or adoption.

Source: U.S. Department of Commerce, Bureau of the Census, unpublished data from the March 1997 and March 1998 Current Population Survey.

cent of previous-year welfare recipients with earnings had above-poverty wages. A deeper analysis shows even greater problems — of the 71.2 percent working for below-poverty wages in 1998, just over half had earnings *below three-quarters* of the three-person poverty line (about $187.50 a week in 1998). In 1998, this indicator of severe working-poverty was 38.8 percent.

If individual parents do not earn above-poverty wages, do the combined wages from all workers in the household bring their families out of poverty? For half of those on welfare in the previous year, the answer is no. In March 1998, less than 50 percent had combined household wages above the poverty line. This is the lowest proportion in at least 10 years.[11]

Along with a shrinking safety net and the move toward working poverty has come another disturbing trend: an increase in the number of extremely poor children, who live below *half* the federal poverty level. In 1997, six million American children lived in poverty this deep (with incomes below $6,401 a year for a family of three, equivalent to $123 a week). That is an increase of 400,000 children from 1995. To put it another way, the proportion of poor children living in extreme poverty increased from 39.4 percent in 1995 to 44 percent in 1997.

All of this increase occurred in female-headed working families, a group which is not only disproportionately poor to begin with, but also comprises the bulk of families moving from welfare to work. In 1997, nine percent of all children lived below one-half of the poverty line, but among children in female-headed families, one in four (25.8 percent) lived in such extreme poverty, up from 23.8 percent in 1995.

Work alone is clearly not always enough to shelter children from extreme poverty. In fact, the number of children in families where someone worked at least part of the year and who lived below one-half of the poverty line rose to 2.0 million in 1997 — up by 402,000 from 1995.[12]

Child poverty rates declined for Whites, Blacks, and Hispanics from 1996 to 1997, but edged up slightly for Asian and Pacific Islander children, children living in rural areas, and children in the Northeast.[13]

For many children, poverty is not just a short-term hardship. If poor families could be expected to progress to above-poverty incomes quickly, poverty would have less impact on children. But long-term data show that four out of five children who are poor during one year will be poor the next year as well. The one in five children counted by the Census Bureau as poor have family incomes below the official poverty line *for an entire year*. Even more children experience temporary poverty: unofficial monthly poverty figures show that 32 percent of American children suffer at least two months of poverty during the year.

Poverty's lasting effects on children. When families cannot afford the basics, their children's learning, health, safety, and development are at risk:[14]

- A baby born to a poor mother is more likely to die before its first birthday than a baby born to an unwed mother, a high school dropout, or a mother who smoked during pregnancy.
- Poor children are more likely to have health problems, to suffer from stunted growth or lead poisoning, and to score lower on reading, math, and vocabulary tests, compared to non-poor children.
- Poor children are more likely to fall behind in school and to drop out.
- Poverty is associated with lasting problems for children's mental well-being. New research in 1998 showed that the longer children are poor in the pivotal first years of childhood, the more signs they show of anxiety-depression and anti-social behavior later in their childhood years.

When Ends Don't Meet: Hardships of Poor and Near-Poor Children and Families

Changes in income tell an important part of the story about the standard of living for

families. To understand more, we need to know whether a low- to moderate-income family can afford to pay for necessities: among them, food, housing, health care, and child care for working families, whose costs are likely to outstrip any income gains they experience. For an in-depth discussion of the health care and child care challenges faced by these families, see the Health and Child Care chapters.

Food. Despite the booming economy, city agencies saw a 14 percent increase in emergency food requests in 1998, according to the U.S. Conference of Mayors' annual report on hunger and homelessness. Sixty-one percent of those requesting emergency food were families with children.

A national survey of emergency food programs by the Second Harvest National Food Bank Network in 1997 estimated that programs served 25.7 million people in a year, 38 percent of whom were children age 17 or younger. Consistent with the increase in the working poor, more than 38 percent of the households seeking emergency food contained one or more working adults.[15]

Perhaps most alarming, a major new national survey conducted by the Urban Institute in 1996-1997 found that nearly one in three children — 32 percent — live in families that worried about running out of food or had trouble affording food. (The comparable adult rate is 23 percent.) More than half — 54 percent — of children in families with incomes below 200 percent of the poverty line (less than $25,282 for a 3-person family) experienced such food insecurity.[16]

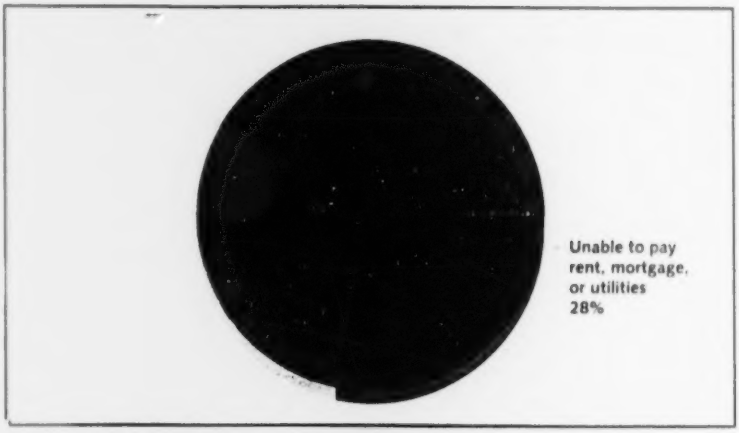
Early evidence has been accumulating to show that some families are finding it more difficult to buy food after they leave welfare:

- A South Carolina study tracking families that had left welfare found that 19 percent could not afford to buy food at some point after leaving welfare, compared to 8 percent of the same families when they were on welfare. This was true even if the families had found employment.[17]
- A similar, more recent Wisconsin study found that a greater proportion (32 percent) sometimes lack the money to buy food after leaving welfare, compared to 22 percent before they left welfare.[18]
- One in three children (36 percent) living in families who had recently lost cash assistance were "eating less or skipping meals due to

HOUSING COSTS GO UNPAID

More than one in four low-income parents in 1997 (with incomes below twice the poverty line) were unable to pay for housing costs sometime in the last 12 months.

AMONG U.S. PARENTS BELOW 200 PERCENT OF THE POVERTY LEVEL, PERCENTAGE EVER UNABLE TO PAY FOR HOUSING OR UTILITIES DURING THE LAST 12 MONTHS: 1997



Source: Urban Institute and Child Trends, Inc., "Snapshots of America's Families—Income and Hardship—Affordability of Housing" (Washington, DC: Urban Institute, 1999).

cost," according to a study of families served by 60 Catholic relief agencies in 10 states during late 1997, compared to 20 percent in families still receiving benefits.[19]

The declining use of food stamps. The number of households receiving food stamps has dropped 21 percent since 1996. In just the 13 months between October 1997 and November 1998, food stamp caseloads declined by 9.7 percent — from 20.6 million to 18.6 million people.[20] While the improved economy meant that some families no longer needed food stamps, the absence of similar reductions in the use of free or reduced price school lunches suggests other causes as well.

The 1996 welfare law denied food stamps to a projected 900,000 legal immigrants, although 250,000 had food stamp benefits restored beginning in 1998. Another aspect of the welfare law curtailed food stamps for able-bodied childless individuals. All of these restrictions contributed to the lower food stamp caseload.

The impact of the legal immigrant cutoff is illustrated by a March 1998 study of Latino and Asian legal immigrants, conducted by medical researchers in California, Texas, and Illinois, that found high levels of food insecurity and hunger. Nearly four out of five of the households participating in the study — 79 percent — reported that they had cut back on nutritional quality and quantity of food. This is *seven times* the general population's rate of food insecurity. Even worse, more than one in three experienced moderate to severe hunger, such as skipping meals or going without food for an entire day because of insufficient resources, affecting both adults and children.[21] One in every five children in the United States — 14 million — is either an immigrant or has immigrant parents.[22] Denying food stamps to legal immigrants has hit children hard.

Another problem resulted from families moving from welfare to low-wage work who remained eligible to continue receiving food stamps but did not get them. In some instances, families did not realize they remained eligible, and state or county officials did not tell them. Other families lost food stamps because they were working and unable to show up at welfare offices for quarterly recertification appointments. Still others were new applicants for welfare who were denied cash assistance without being told they were eligible for food stamps and Medicaid.

When parents receiving Temporary Assistance for Needy Families (TANF) and food stamps do not comply with work requirements, they can be denied food stamps, and states can opt to deny food stamps to the whole family for a maximum of six months. These penalties also explain some of the food stamp reductions.

New York City was recently cited by the U.S. Department of Agriculture and in federal court for improperly denying food stamp applications to families who were also seeking TANF. While federal welfare law allows states to "divert" applicants from TANF by requiring them to look for work or other forms of help before their application is approved, food stamp and Medicaid applications must be accepted without delay. New York City instead directed families to seek help from other sources such as food pantries or relatives, and would only allow them to apply at a second visit to the welfare office. As a result, those successfully applying for food stamps, Medicaid, and cash assistance dropped from 53 percent under the old law to 25 percent.

Housing. While inflation is at record low levels and real income is up in 1998 for most families, housing costs continue to consume a high share of low-income household budgets.

More than one-quarter — 28 percent — of parents with incomes under 200 percent of the poverty level were unable to pay their rent, mortgage, or utility bills at some point during the previous 12 months, according to the Urban Institute's 1997 survey of 44,461 American families.[23]

The U.S. Department of Housing and Urban Development (HUD) identified 5.3 million households with "worst case" housing problems in 1995, the most recent comprehensive national figures. These were households with less than half their area's median income (averaging $21,825 for a family of three in a metropolitan area), who either paid

more than half their income on rent, lived in severely substandard housing, or both. They made up one-seventh of all the nation's renters, and included 4.5 million children. The majority of these households had incomes far lower than the HUD cutoff — four million earn below 30 percent of their area's median income or less than $13,590 for a family of four. Seven in 10 of these poorer households lived in unsubsidized housing, because housing subsidies are in such short supply. Typical poor renters living in unsubsidized housing spent *more than three-quarters of their income on housing* in 1995.[24]

When low-income families cannot get into subsidized housing, it is often children who suffer most. Unsubsidized housing for low-income households is often overcrowded, substandard, and drains too much of the families' meager budget. By contrast, poor children benefit from living in the average public housing setting. Research published by the National Bureau of Economic Research showed better school performance for children in public housing compared to those in the substandard private housing their parents could otherwise afford.[25]

The latest figures show that the need for housing subsidies increased between 1993 and 1995, as the supply of low-rent housing decreased. For households with incomes below half of their area's median, affordable housing declined by 900,000 units, or 9 percent. ("Affordable" is defined as costing no more than 30 percent of income.) For the poorest families with incomes less than 30 percent of area median, the loss of affordable housing was even more pronounced — a 16 percent drop from 1993 to 1995.[26] In the 25 years from 1970 to 1995, the total number of housing units affordable for low-income renters declined from 6.2 million to 6.1 million, while the number of low-income renters rose from 6.2 million to 10.5 million.[27]

In every metropolitan area, full-time work at the minimum wage does not pay enough to afford a one-bedroom apartment.[28] As HUD officials observed in their 1998 report *Rental Housing Assistance — The Crisis Continues,* "Having a low-paid job is increasingly unlikely to lift a family out of poverty or resolve worst case housing needs."[29]

With housing costs looming so large in the budgets of low-income families, families leaving welfare may well face extra difficulties paying rent. While no comprehensive data exists yet, a number of studies offer early signs of trouble:

- The previously cited South Carolina study of former welfare recipients found that 26 percent reported falling behind in rent or mortgage payments after leaving welfare (compared to 17 percent of the same families while they still received welfare benefits).[30]
- A seven-site survey of former and current welfare recipients seeking various social services found that 25 percent of families formerly receiving cash benefits had doubled up in housing to save money, compared to 15 percent of current recipients, and were more than twice as likely to move because they could not pay the rent.[31]
- Among homeless families with children in shelters surveyed in 10 cities, nearly one in 10 said their homelessness had been caused by TANF reductions or elimination in the past six months.[32]

Federal Legislative Progress in 1998

Several important pieces of federal legislation touching the lives of low-income families passed in 1998:

- A new housing law was enacted expanding subsidized housing vouchers but also reducing the number of very low-income tenants in public housing.
- Food stamp and Supplemental Security Income (SSI) benefits were restored for some legal immigrants.
- Child nutrition programs were reauthorized by Congress, with some important improvements expanding summer, after-school, and homeless shelter nutrition programs for children (see the Child Care chapter for more information).

BEST COPY AVAILABLE

Three Types of Federal Housing Assistance for Low-Income Families[33]

Public Housing: More than 3,200 Public Housing Authorities around the nation operate about 1.2 million units, of which 550,000 are rented by families with children. They take many forms, including garden apartments and high-rise buildings. Tenants in public housing pay about 30 percent of their income for rent.

Project-based Section 8 Housing: Section 8 in federal housing law provides for low-cost units in privately owned buildings or developments. Either all or some of the units in these buildings may be subsidized. The federal government pays the landlord the difference between what the tenant pays (usually 30 percent of his or her income) and the fair market rent cost. There are 1.4 million privately owned project-based units, of which 480,000 house families with children.

Tenant-based Section 8 Housing: Section 8 also provides vouchers or certificates that tenants use in private market housing. When tenants find a landlord who agrees to accept the voucher or certificate (and providing the unit meets certain standards), the tenant pays about 30 percent of his/her income for rent, with the remainder of the unit's fair market rent paid by the federal government. Approximately 1.5 million units are currently subsidized this way, about two-thirds of which house families with children.

- The Workforce Investment Act passed, reorganizing job training programs for youth and adults.
- Tucked into a mammoth new transportation bill were modest funds to help low-income workers (including those leaving welfare) get to jobs.

In 1998 there also were some attempts, most but not all averted, to reduce the TANF block grant funding to states. In the category of important legislative steps *not* taken, the federal minimum wage was not increased, and efforts to allow more education and training for parents receiving TANF were unsuccessful.

Fiscal Year 1999 housing appropriations and the 1998 Housing Reform Act. For the first time since 1995, the fiscal year (FY) 1999 housing appropriations provide for a modest increase in the number of low-income households served. There will be 50,000 new rental assistance vouchers through the federal Section 8 program, earmarked for families seeking to move from welfare to work. Another 40,000 already-funded units will become available because the new law ends a three-month delay imposed by Congress in reissuing currently unused subsidy vouchers. While the need for additional assisted housing units numbers in the millions, these new units mark an important reversal of the trend since 1996 of reductions in available Section 8 housing.

All expiring contracts with private owners of Section 8 low-income housing units have been renewed, avoiding the potential loss of thousands of rental units had landlords sought to terminate their contracts in order to make more money converting to unsubsidized units.

Other provisions in the HUD appropriations law include:

Small-scale projects: The law funds a few small projects aimed at expanding low-income housing, including one to market Section 8 certificates to landlords in neighborhoods with less poverty, and another to promote new rural housing.

Homeless assistance: Funding for homeless assistance grants was increased from $823 million to $975 million in FY 1999. At least 30 percent of the total must be spent on permanent housing. In December 1998, $850 million of these funds was distributed to programs that are expected to help

330,000 homeless individuals get housing, training, child care, substance abuse treatment, and other needed services.

Quality Housing and Work Responsibility Act of 1998 (the Housing Reform Act): This legislation was attached to the HUD appropriations bill. Some provisions offer incentives to help newly employed families, but other parts either diminish the supply of apartments available to the poorest tenants or raise the proportion of income that may be spent on rent.

The Housing Reform Act contains a response to concerns that public housing has too high a concentration of the poorest families, largely headed by single mothers, with few working fathers (or mothers) to serve as role models. Public housing authorities are now required to open a certain percentage of units to families with incomes above 30 percent of the area's median (roughly speaking, above the poverty line) and must provide annual plans for mixing somewhat higher-income tenants in their units. Housing agencies may skip over the poorest families on their waiting lists in order to achieve this change in the mix of incomes.

While increasing diversity in public housing complexes is a worthy goal, achieving it by denying housing subsidies to families with the least ability to afford market housing will cause more hardship. One way out of this dilemma is to create sufficient Section 8 vouchers specifically targeted so that deeply poor families denied space in public housing projects could still find affordable housing — but no such language was included in the legislation.

Another drawback to the law is that families using Section 8 subsidies in private housing will start paying up to 40 percent of their income in rent, with the percentage possibly rising further upon expiration of the 12-month lease, rather than limiting rent to about 30 percent of tenant income.

Several provisions of the Housing Reform Act are responses to the 1996 federal welfare law. Because public housing tenants' rent has been set at a percentage of income, if their incomes rise because they move from welfare to work, much of their gains are offset by the increase due in rent. To lessen this painful aspect of the transition to work, the act allows families in public housing to choose either a flat rent or rent computed as a percentage of income. Further, new or increased earnings will be disregarded in calculating rent levels for 12 months or more; after this point, no more than 50 percent of the new earnings can be counted in the new rent calculation. Public housing authorities may also establish escrow accounts for newly employed tenants, in which the increased rent they owe because of higher earnings is saved for them, rather than paid to the housing agency. Families can claim their "savings" when they leave their subsidized unit for market housing.

On the other hand, if families lose benefits as a penalty for failing to comply with welfare program rules, the new housing law requires that their rent is not reduced proportionately. Housing authorities may set minimum rents of up to $50 a month, but the act provides exemptions from the minimum rent on a number of hardship grounds.

The new law also institutes a work requirement for public housing residents. Each adult must provide eight hours of community service per month unless he or she is otherwise employed, participating in a welfare-to-work activity, age 62 or older, has a disability, or is caring for someone with a disability.

Restoration of food stamps to legal immigrants. The 1996 welfare law made most legal immigrants ineligible for Supplemental Security Income (SSI) and food stamps. While SSI was restored to certain legal immigrants in 1997, they continued to be ineligible for food stamps until 1998, when the Agricultural Research Extension and Education Reform Act was enacted. The $818 million authorized over five years will restore food stamps for children here legally who arrived in the United States before August 22, 1996, people who are receiving SSI because of old age or disability, Hmong and Lao individuals or families, and refugees (now for seven years, instead of the five years allowed in the 1996 welfare law). Most children and adults who arrived here after August 1996 — 650,000 of the 900,000 who lost food stamps in

1996 — remain excluded from food stamps unless they become citizens.

Workforce Investment Act. After a several-year struggle, Congress enacted new legislation streamlining the delivery of job training funds for adults and youth. The Workforce Investment Act (WIA) replaces the old Job Training Partnership Act (JTPA) and reorganizes federal support from many different training programs into three funding streams for adults, youth, and dislocated workers. Funding is authorized for five years (FYs 1999 - 2003). States must implement WIA by July 1, 2000, but may start as early as July 1, 1999. The new law does not increase the funds for training, but it may make it easier for those who need it to connect to an array of programs. One concern is that it may reach a smaller proportion of low-income workers than the previous law.

The new law creates one-stop job centers, where any job-seeker, without regard to income, is offered a set of core services including an initial assessment, job counseling, and job search. Low-income customers, if unable to find jobs through these means, receive top priority for more help. At the next level, more comprehensive assessments, individual employment plans, and short-term assistance are offered. If these activities still do not result in employment, customers may choose among various training services, such as adult education, on-the-job training, or programs for literacy or occupational skills. Customers use vouchers to purchase most training through new Individual Training Accounts, good at certified providers.

Those targeted for services through the new law include dislocated workers (including displaced homemakers), low-income individuals (including those receiving public assistance), individuals training for non-traditional employment, veterans, youth, and individuals with barriers to employment (including disability). While the old law targeted 90 percent of training to low-income individuals, WIA gives less specific priority for intensive training services to low-income people if funds are too limited to serve all comers.

Training dollars are distributed from the federal government to state Workforce Investment Boards (WIBs), which in turn allocate to local Boards. Business, labor, elected officials, relevant public agencies, community-based organizations, and those with workforce development expertise are represented on the Boards. Their make-up is likely in many areas to be similar to the old Private Industry Councils under the former JTPA. The local WIB does not provide training services directly, but establishes a contract for the operation of its one-stop center with a private or public agency.

Youth services under the Workforce Investment Act: Participants must be low-income youth, ages 14-21, but up to 5 percent may vary from these guidelines if they are high school dropouts, homeless, runaways, deficient in basic skills, pregnant or parenting, offenders, or disabled. At least 30 percent of youth funds must be targeted to serve those out of school. Summer Youth Employment, a frequent but so far unsuccessful target for elimination in recent congressional budget battles, is now combined with year-round youth employment programs, unlike prior law. Some of the services to be offered include a variety of preparatory educational activities (among them tutoring and alternative secondary school programs), occupational training, and supports such as adult mentors, substance abuse counseling, and followup for at least 12 months. Youth services are not provided through vouchers, but through contracts between the local WIB and appropriate providers.

Access to jobs. Lack of transportation looms large as a problem for workers with low pay. Bus routes often do not reach suburban areas where much of the recent job growth has occurred. For example, in Atlanta, public transit does not reach almost half of the jobs available to entry-level workers.[14] In addition, mass transit does not always operate at the odd hours required for some low-wage jobs.

The Transportation Efficiency Act for the Twenty First Century (TEA-21), enacted in 1998, provided some remedy, authorizing $750 million over five years in the Access to Jobs program to

expand public transit routes, provide bus fare to low-income workers, create van pools or computer-matched carpooling, etc. While beneficial, this funding amounts to pennies compared to the $216 billion authorized by the entire bill, most of it for highway construction and repair. And not all of Access to Jobs' $750 million is guaranteed: $250 million, concentrated in the earlier years of the program, was subject to appropriation. Only $50 million was actually appropriated for the first year, FY 1999. In the first year of funding, Access to Jobs expects to distribute grants of about $1 million each to an estimated 25 large cities, and smaller grants to 35 medium-sized cities and 60 smaller localities. Only about 3 percent of rural areas will receive grants, but the $150,000 expected for each of 99 rural locations will do a lot of good: a group of four rural counties in Southern Illinois estimated that $127,000 would enable them to extend all their existing bus schedules to evenings and weekends.[35]

Early and mostly thwarted threats to welfare funding. When the federal welfare law passed in 1996, it established unchanging block grant funding through FY 2002 to all states under the Temporary Assistance for Needy Families (TANF) program. Because the amount was based on a peak caseload year and caseloads have plummeted since, states have not spent all of their block grant funds. The TANF block grant was intended to assure the fixed funding level to states, allowing them the choice of spending it for a wide variety of services or saving some in anticipation of harder times ahead (see the Welfare section below). Nature and power may abhor a vacuum, but Congress equally detests leaving a pot of unspent dollars alone. Despite the temptation to use unspent TANF dollars as savings to fund tax cut or spending proposals, proposals in 1998 to do so were abandoned in the face of opposition by state officials and advocates.

Congress did allow restrictions on TANF spending by states as part of the package of savings needed to fund the transportation bill (TEA-21). Advocates for poor children and families (and states seeking to defend their prerogatives) will have to be vigilant in order to avoid cuts in the future.

Helping Working Families with Children

What are the most effective means of lifting low-income working families with children out of poverty? The emerging working face of poverty in 1998 made clear that many different steps are necessary.

Support from both parents. Child support alone — even if fully paid — rarely lifts children out of poverty. But it can make a critical difference to children living in single-parent families. Nearly half of the 19.6 million children living in single parent families in 1997 were poor.

Many of these children are very poor despite the fact that their custodial parent is working. In 1997, two million children in female-headed families were living in extreme poverty — below half the federal poverty line — despite the fact that a family member was working at least part of the year.

Child support can be an essential supplement to the custodial parent's low wages. According to the House Ways and Means Committee, non-welfare families who had child support collected by a state child support agency in 1996 received an average of $3,600.[36]

Child support can help parents stabilize employment and reduce the likelihood that they will return to welfare. For example, a 1993 study by Daniel Meyer found that Wisconsin women who did not receive child support had a 31 percent chance of returning to welfare, while women who received between $1 and $100 a month in child support had only a 10 percent chance of returning.[37]

But many single-parent families who ask the state for help collecting child support — both those on and off welfare — cannot rely on child support to provide for their children. The U.S. General Accounting Office (GAO) found that only 20 percent to 40 percent of families in states with early welfare time limits had *any* child support collected in the year before their welfare help ended. Half or more of the cases without support did not even have a child support order in place. And half to three-

quarters could not get support because the state did not or could not locate the non-custodial parent.[38]

States can do better: The GAO found that Washington State and Minnesota were especially successful in helping welfare families obtain child support. More than 80 percent of the cases in these states had a child support order, and about two-thirds had received child support in the last year — three times more than in the lowest-performing state.

Recent legislation will help states improve. In 1996, Congress required states to adopt enforcement techniques of proven effectiveness. These techniques are beginning to take effect across the country. For example, the 1996 law required states to collect information from employers about newly hired employees and to send that information to a national registry of new hires. This information can help jump-start wage withholding. Since October 1, 1997, the national registry has found more than one million delinquent parents.[39]

A significant proportion of absent fathers of poor children are poor themselves. They also need help with job training and placement so they can contribute to their children's support. Many states are using funds from the U.S. Department of Labor's Welfare to Work block grant for this purpose.

Emphasis on performance that makes a difference to children was boosted this year with passage of the Child Support Performance and Incentive Act of 1998. This new law gives federal bonuses to states that do a better job of establishing paternity and support orders, collecting current and back support, and operating in a cost-effective manner. Congress also passed the Deadbeat Parents Punishment Act of 1998, which creates two new federal felonies for failure to pay support in interstate cases. In the coming year, it is likely that Congress and the administration will re-examine the funding scheme for the federal-state child support program — a process that could improve or drastically undermine the current program, depending on what is proposed.

Meanwhile, other changes are essential to make child support work for children:

- Additional state investments in the program, so that child support workers are not carrying impossible caseloads of one thousand or more.
- Computerization that allows automatic enforcement and frees up workers to concentrate on difficult cases.
- Outreach to families so that they understand the enforcement process and are full partners in it.
- Provisions that allow welfare children to receive at least some benefit from child support paid on their behalf, so that non-custodial parents have an incentive to pay it and custodial parents have an incentive to pursue it.
- Worker training to help stretched workers focus their time efficiently, choosing the most appropriate enforcement techniques.

Federal funding should also be available, at least on a demonstration basis, to help states explore whether guaranteeing at least a minimum child support payment to custodial parents helps them stay employed and off welfare.

Minimum wage. Someone working full-time, 52 weeks a year at the minimum wage earned only 80 percent of the poverty level for a family of three in 1998. Yet efforts by members of Congress to raise the minimum wage from the current $5.15/hour to $6.15/hour over two years were unsuccessful. The minimum wage was last raised in 1997, but that increase still left it 18.1 percent lower than it was in 1979, taking inflation into account.[40]

Opponents of raising the minimum wage in 1998 argued that it would backfire by causing a reduction in low-skilled jobs, that it would prove a hardship to small businesses, and that it was not effectively targeted at low-income people. However, there is clear and convincing evidence to the contrary. Jared Bernstein and John Schmitt of the Economic Policy Institute scrutinized changes in employment levels among teenagers (16-19) and young adults (20-24) after the minimum wage was raised from $4.25 to $4.75 in October 1996, and found no statistically significant differences in employment levels.[41] Indeed, the economy has boomed since the

minimum wage was raised in 1996 and 1997, and the number of low-wage service-sector jobs continues to grow.

Bernstein and Schmitt shattered another myth — the claim that few minimum wage workers actually support families. They found that only 28.6 percent of minimum wage workers were teens (age 16-19). A majority — 58.2 percent — were adult women. Minimum wage workers are not just earning money to buy running shoes or stereo equipment; on average they contribute *54 percent* of their family's weekly earnings.[42]

While the Senate voted down the minimum wage increase introduced by Sen. Edward M. Kennedy (D-Mass.) and the House did not take a vote on an identical bill sponsored by Minority Whip David Bonior (D-Mich.), voters in Washington state approved a November ballot initiative raising the minimum wage above the federal level to $5.70 in January 1999 and to $6.50 in January 2000. Most important, Washington is the first state to approve indexing the minimum wage to the inflation rate, beginning in January 2001. If the federal minimum wage had kept pace with inflation and maintained the purchasing power it had in 1979, it would have been worth $6.29 an hour in 1997 dollars.[43]

Other states also saw minimum wage increases:

- Indiana's minimum wage rose to $4.25 on October 1, 1998, and to $5.15 on March 1, 1999, as a result of legislation passed previously. (The federal minimum wage does not cover all workers, and some states have lower minimum wage rates for workers not covered by federal law.)
- West Virginia's minimum wage was increased to $5.15 on September 1, 1998.
- Connecticut's minimum wage rose to $5.65 on January 1, 1999, and will rise to $6.15 a year later.
- Oregon's minimum was set at $6.50 on January 1, 1999.[44]

In all, nine states have minimum wage rates higher than the federal level: Alaska ($5.65), California ($5.75), Connecticut ($5.65), District of Columbia ($6.15), Hawaii ($5.25), Massachusetts ($5.25), Oregon ($6.50), Vermont ($5.25), and Washington ($5.70).

The living wage. In recent years, activists in cities and counties have promoted the concept of the "living wage." Recognizing that the minimum wage is insufficient to support a family, coalitions including labor, faith communities, and other low-income advocates have urged cities, counties, and states to use their bargaining power to get businesses to raise wages further. Specifically, living wage ordinances usually require businesses either contracting with or receiving tax benefits from state or local government to pay their employees wages sufficient to raise a family above the poverty level.

In all, 28 localities have adopted living wages of various types. Thirteen were enacted in 1998 alone, in Boston; Chicago; Cook County, Illinois; Detroit (the first to pass by ballot initiative, with 80 percent voter support); Durham, North Carolina; Ithaca, New York; Multnomah County, Oregon; Oakland, California; Orange County, North Carolina; Pasadena, California; Portland, Oregon; San Antonio, Texas; and San Jose, California.

Living wage ordinances typically require pay of at least $7.00 an hour (San Jose's rate is the highest, calling for certain city service contractors to pay at least $9.50 an hour with health insurance or $10.75 an hour without). Several living wage laws require regular increases. Boston, for example, provides that certain city contractors pay their workers a minimum of $8.23 an hour, subject to annual adjustments every July 1. Campaigns to create living wages have been developing in many other localities. So far, one state — Maryland — has adopted a limited pilot program, with a living wage set at $7.70 an hour for workers in businesses contracting to clean the state's World Trade Center.[45]

State earned income tax credits. In 1998, Kansas joined nine other states that assist low-income working families by augmenting the federal Earned Income Tax Credit with their own state version. Kansas followed the federal approach by making their credit "refundable," that is, available as

a refund to families even if their earnings are too low to owe income taxes. Minnesota expanded its already existing credit, and Maryland made its credit refundable for the first time in 1998.

Assistance for Low-Income Children with Disabilities

Supplemental Security Income (SSI) provided income support to nearly one million poor children with disabilities as of November 1998. Maximum federal benefits for a child were $494 a month in 1998, rising to $500 a month in 1999. (Many children in families with some income receive lower benefits.) Eligibility for SSI was made more restrictive for children under the 1996 federal welfare law, but the Clinton administration interpreted the statute even more narrowly than the law required, cutting off SSI payments for all but those with extremely severe impairments.

Despite widespread criticism of these rules, the Social Security Administration proceeded to review 264,000 SSI cases. Initially, almost 60 percent (more than 146,000) of these redetermined cases were ruled ineligible. Continued complaints about families having insufficient information or lack of opportunity to secure full medical evaluation for their children caused Social Security Commissioner Ken Apfel to institute a helpful "top-to-bottom review" of the redeterminations. Especially helpful was the decision to send a second notice informing families of their right to appeal. Appeals rose from 54 percent to 72 percent of cases under review after the second notice. After the appeals, some of which are still pending, benefits were restored for 58 percent of the reviewed cases, leaving 115,282 children still without SSI as of October 31, 1998.

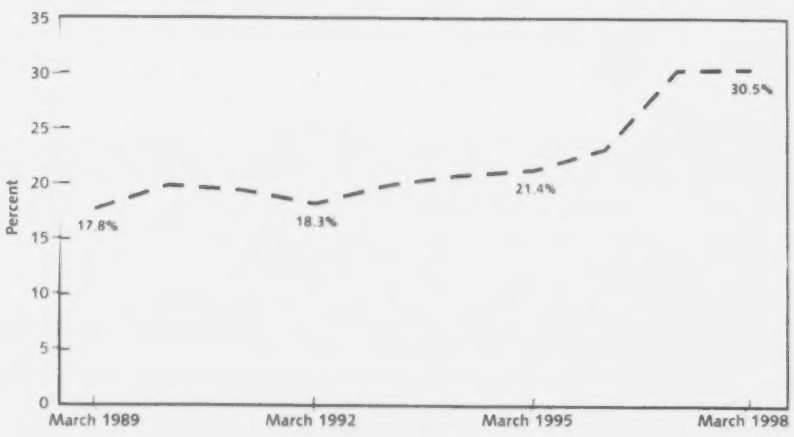
Despite the reversals, the basic rules have not been changed. And the administration has denied new SSI applications at a higher rate than that for the children whose existing cases were reviewed. Of 651,000 new children who filed from August 22, 1996, to Oct. 31, 1998, the Social Security Administration denied about 421,000 (or 65 percent) of initial claims.[46]

Largely ignored in the reports on children's SSI was another provision that mandated a review of children turning age 18 each year, even if they had qualified for SSI under criteria that had not been changed in the 1996 law. These annual reviews had to occur without a full look at the extent of the adolescent's medical improvements over time. Each year about

MORE WELFARE RECIPIENTS ARE GOING TO WORK ...

More than 3 out of 10 adults who received welfare in 1997 were working by March 1998 (whether they were off welfare or not). This proportion has risen sharply since 1992.

OF PEOPLE WHO RECEIVED ANY AFDC OR TANF IN THE PREVIOUS CALENDAR YEAR, PERCENT WHO WORKED ANY HOURS IN THE PREVIOUS WEEK



Source: U.S. Department of Commerce, Bureau of the Census, March 1989-March 1998 Current Population Survey. Calculations by Children's Defense Fund.

60,000 children receiving SSI turn age 18, and in the first year's review ending in mid-1998, about 31,000 (51 percent) of their cases were terminated. Many of these 18-year-olds are still in special education, vocational education, or other education or training programs. The Social Security Administration's review of their cases has not taken into consideration the barriers that continue to exist for their employment. Child advocates are planning legislation similar to a bill introduced by Rep. Bobby Rush (D-Ill.) last year that would require a fuller medical evaluation and allow these youth to complete training.

Welfare to What?

From its enactment August 1996 to September 1998, the caseload of the new Temporary Assistance for Needy Families (TANF) welfare program plummeted 35 percent, from 12.24 million to 7.95 million individuals, about two-thirds of whom are children. In 22 states, caseloads plunged 40 percent or more. These numbers are usually cited as proof that the 1996 welfare law is a success. But where are these families going?

While many of these parents are finding jobs, there are still substantial numbers who leave without finding work, according to a 1998 report produced jointly by the Children's Defense Fund and the National Coalition for the Homeless. And those who do become employed rarely earn enough to raise their children out of poverty.

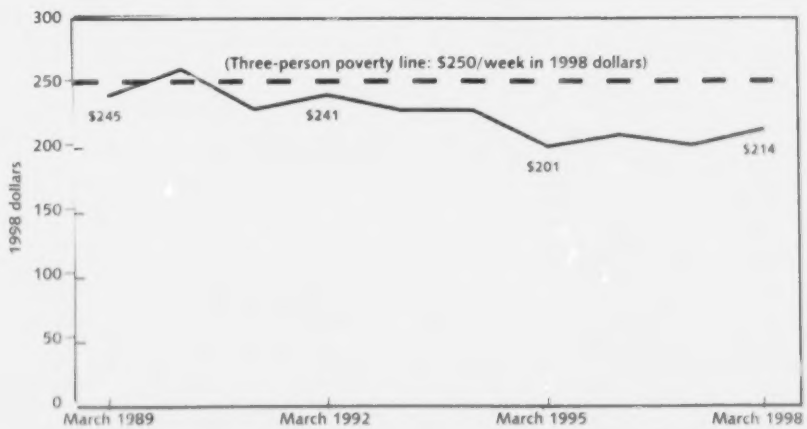
States have jumped enthusiastically to a "work first" philosophy as they retool their welfare systems. As states make this effort, there is increasing understanding among states that low-paid work must be accompanied by supports — child care, health coverage, transportation, and wage supplements among them. But while time limit and work requirement clocks are ticking relentlessly for everyone receiving welfare, the provision of these work supports is spotty indeed. Even less available are services for people whose entry into the labor force is likely to be most difficult because of low skills, mental illness, substance abuse, other disabilities, or illiteracy.

The resources to provide many needed services are there. As noted previously, the 1996 welfare law provides for each state to receive the same amount of block grant funding for five years, regardless of caseload change. Since there has been a precipitous drop in the number of families receiv-

... BUT PAY IS LOW AND FALLING

The average recent welfare recipient who has a job makes only $214 a week — well below the poverty line for a three-person family.

AVERAGE WEEKLY EARNINGS OF PEOPLE WHO RECEIVED ANY AFDC OR TANF IN THE PREVIOUS CALENDAR YEAR AND HAVE A JOB NOW



Source: U.S. Department of Commerce, Bureau of the Census, March 1989-March 1998 Current Population Survey. Calculations by Children's Defense Fund.

BEST COPY AVAILABLE

ing aid since the block grant's base year, states have more money per case than they did before. According to an analysis of government figures by the Center on Budget and Policy Priorities, in the two years ending September 1998, 10 states had accumulated unspent TANF funds equal to at least one-half of their state's annual block grant funding. However, another 24 states had left unspent only 15 percent of their annual block grant award over the same period.[47] Of those 24 states, 17 showed no uncommitted balances in FYs 1997 and 1998.

There is wisdom in saving some of the TANF funding in anticipation of an eventual downturn in the economy, because higher unemployment would cause states to face rising caseloads again with no increased federal help. But there is an urgent need for states to spend more of these funds to help families overcome their barriers to employment and raise their children out of poverty, and to raise abysmally low benefit levels for the families who still need assistance.

State policy choices and how they are carried out. Federal law spells out certain requirements for states, such as limiting the use of federal TANF dollars to 60 months of lifetime assistance to families or defining a limited set of work activities that count toward the federal work participation rates. Nevertheless, states have enormous flexibility to craft welfare policies, and these choices may mean the difference between workfare with unreliable child care, benefit cuts to families who cannot readily comply with the program rules, or a menu of supports that work to sustain long-term employment at decent wages. States can make choices that promote work and reduce poverty or that worsen poverty and destabilize work, that encourage family stability or lead to family break-up. Here are some examples of each.

Practices That Promote Work and Reduce Poverty

Improving skills. Most data about welfare recipients show that 40 to 50 percent have not completed high school. In contrast, 85 percent of all American women age 25-34 have high school diplomas.[48] In 1997, women with less than a high school education earned an average of $6.94 an hour, while those with some college earned $10.93.[49]

Clearly, many welfare recipients need substantial training and skills enhancement. Yet, much education and training does not count towards the federal work participation requirement. Advocates are seeking to loosen these counterproductive federal constraints.

States may lose federal dollars if they do not engage enough adults receiving TANF in federally defined work activities. But the required proportion of participants is lowered under the federal law if caseloads decline. In FY 1997, the 37 states for which data is available all met their required work participation for single parents.[50] In subsequent years, continued caseload decline should allow most if not all states to meet the gradually increasing federal work rates.

Having met the federal requirements, states can invest some of their unspent federal or state funds on education without fear of penalty — and some are doing exactly that. California included $65 million in its 1997-1998 budget for community college programs to meet the needs of parents on welfare, to be used for child care, more work/study job slots, redesign of curriculum, and job placement services. Wyoming provides aid for a small number of full-time college students. Maine uses state dollars to set up a separate work-study program, enabling up to 2,000 students to go to college with a cash stipend, medical coverage, child care, and other services they would have received under TANF. And in early 1999, Illinois allowed TANF parents enrolled full-time in accredited postsecondary schools to stop their time limit "clocks" for up to four school years (36 months), as long as they maintain grade point averages of at least 2.5. Attending school full-time will meet their work requirement.

On-the-job training does count towards the federal work rules, and programs operating in many communities have good track records placing individuals in above-poverty jobs. In one small example,

a pilot program in Pontiac, Michigan, combining work with high-tech training placed 61 of 69 participants in permanent jobs paying $18,000-$25,000. But the GAO found that California placed only 1.3 percent of its work participants in on-the-job training, and that was the highest rate out of seven states surveyed.[51]

Making work pay. As noted earlier, in March 1998, half of recent welfare recipients who were working earned below three-quarters of the poverty line (approximately $10,000 for a three-person family). If parents can get more training, they may be able to compete for higher-paying jobs. But if education is not an option, families are far less likely to rise out of poverty without some form of earnings supplement, which can increase the incentive to work and provide more stability in the family's finances. Supplements can be delivered through the tax system, such as the federal or state refundable Earned Income Tax Credits. Or the welfare system can stop counting every dollar of added earnings in calculating welfare benefits, thereby keeping working families eligible for partial cash assistance. This way, their work helps them get ahead.

The 1996 welfare law makes it possible for states to choose such "earned income disregard" computations, and many states have adopted versions that offer a greater work incentive. For example, 43 states and the District of Columbia have changed their treatment of earnings since the law's enactment, in most cases to make it easier to supplement low-wage work.[52] Programs such as the New York Child Assistance Program (CAP) and Minnesota's Family Independence Program (MFIP) have operated versions of earnings supplements for years. Evaluations have shown not only rising family incomes, but that those who received the supplement were more likely to leave welfare permanently than the comparison group without it.

Despite these obvious benefits, there are also serious disadvantages to receiving partial TANF benefits combined with wages. No matter how low the benefits, they count towards the time limit as a full month of aid. For example, someone could be on welfare for three months, then get a job and receive reduced TANF benefits along with low wages for the next 57 months. Benefits would then run out permanently, even if the individual is subsequently laid off and forced into an extended period of unemployment while trying to raise a family.

States can avoid this threat to families' safety nets by using state dollars to pay the partial benefits in months when the parent works. Only federal TANF funds count towards the time limit; state funds that are part of the state's required TANF expenditures do not need to do so. Illinois uses state dollars to stop the time limit clock for low-wage workers. Maine stops the clock for families with earnings in half of its counties. In Missouri, when workers' pay in regular jobs is partly subsidized by welfare funds, the time limit clock stops.[53]

Raising benefit levels. TANF benefits for a three-person family in a typical state were $379 a month in 1998, up slightly from $377 in 1997. Forty-three states and the District of Columbia provide maximum TANF benefits that are less than half the poverty line for a family of three. Increasing benefits is not likely to raise families out of poverty, but any lessening of poverty's severity would reduce children's risks of ill health, developmental delays, and school failure. Further, higher benefits make it more likely that families with low earnings would not lose eligibility for partial aid. Maryland, Montana, North Dakota, Ohio, Oklahoma, and Vermont raised benefits in 1998, while the District of Columbia, Idaho, Massachusetts, and Wyoming lowered benefits.[54]

Investing in support services. States can make work possible and sustainable by providing quality child care and by making it available both for families seeking to leave welfare and for low-income working families that do not receive cash assistance. Rhode Island guarantees child care to low- and moderate-income families (up to about $25,250 a year for a three-person family in 1998), whether they have ever been on welfare or not. Other states have invested state dollars over and above their share of federal child care funding.[55] Twenty-nine states now provide more than 12 months of transitional

child care when families move from welfare to work; many set no time limit on continued child care as long as the family income remains low.[56]

Surveys compiled by the U.S. Department of Health and Human Services show that between 40 and 70 percent of welfare recipients work non-standard hours, while few child care facilities offer care during those times.[57] States must ensure that families are not forced into unsafe child care arrangements for this reason or because they are unable to afford anything else. (For more information about child care needs, see chapter 3).

Transportation. Families need transportation to work, and it is not easy to obtain for the majority of parents who leave welfare for below-poverty earnings. A 1995 government survey found that 57 percent of urban, 33 percent of suburban, and 28 percent of rural welfare households did not own a vehicle.[58] As noted on page 12, public transit often does not fill the gap.

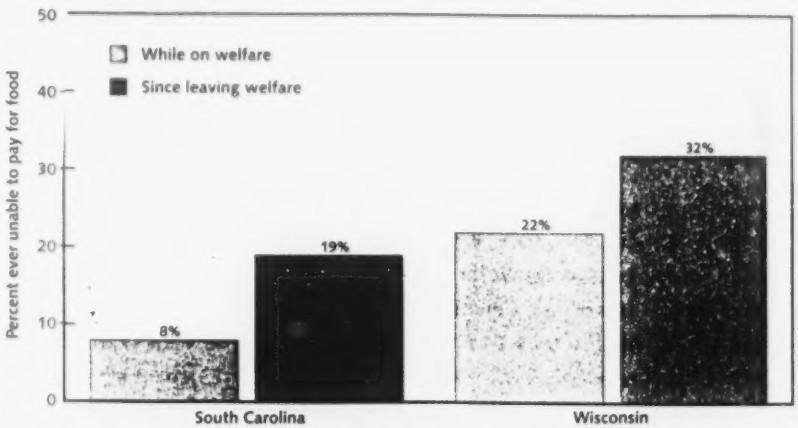
States can augment transit options for poor working families with TANF funds, Welfare to Work funding from the Department of Labor, and Access to Jobs grants from the Department of Transportation. Some states or localities are creating van pool or shuttle services (examples include the Suburban Job-Link Corporation in Chicago and sites in Connecticut and Virginia),[59] all good ideas but so far usually small in scope.

Allowing families to retain more assets. One way to assist families with transportation is to allow them to qualify for welfare benefits even if they own a vehicle worth enough so it might actually run. Under the welfare law, a family would be ineligible if their vehicle's equity value was more than $1,500. All other resources or assets were limited to $1,000. A family falling on hard times with a five-year-old car would most likely be ineligible for assistance until the car was sold and the proceeds spent. Now states can set their own asset levels, and at least 47 states have increased the vehicle limits. Roughly half simply disregard the value of one car. Thirty-eight states (or parts of states) have raised the limit on other assets beyond the $1,000 in prior law. Twenty-eight states have allowed welfare recipients to set up Individual Development Accounts (IDAs), enabling them to accumulate savings for a new business start-up, to pay for education, or to fund a down-payment on a home.

TOO MANY CANNOT PAY FOR FOOD

After families leave welfare, even more of them report problems paying for food than before.

PERCENTAGE OF FORMER TANF RECIPIENTS WHO REPORT EVER BEING UNABLE TO BUY FOOD WHILE ON WELFARE, OR IN THEIR FIRST SEVERAL MONTHS SINCE LEAVING WELFARE



Source: South Carolina Department of Social Services, data for cases closed October-December 1997; Wisconsin Department of Workforce Development, data for cases closed January-March 1998.

Practices That Worsen Poverty and Make It Harder to Sustain Work

Failure to address barriers to employment. When states require work without regard for the capacity of individuals to comply, many people will fail to participate and their families will lose assistance. Preliminary results of a Children's Defense Fund survey of states found that few have protocols for identifying employment barriers such as mental health problems, threats of domestic violence, substance abuse, disabilities, and very low educational levels.[60] A 1997 Michigan study found that nearly half the mothers on welfare had experienced three or more such employment barriers, and that the more problems faced, the less likely mothers were to work 20 hours or more a week.[61] Statistics compiled by the U.S. Department of Health and Human Services from 39 states show that work participation in 1997 was mandatory for 60 percent of adult TANF recipients; only 20 percent were classified as exempt for good cause reasons such as disability or ill health.[62] The higher levels of serious barriers reported in Michigan and other states suggest that some of the TANF participants required to work will fail, especially if their mandatory activities are not tailored to help them overcome the problems they face. Few states have systematic ways of linking families with needed services. Some services, such as education, may be actively discouraged by denying child care to parents in school; others, like substance abuse treatment, may not be available for all the mothers who need it.

Declining investment in education and training. Despite the connection between more educational attainment and higher wages, a survey of seven states by the GAO found a dramatic drop in the percentage of welfare recipients assigned to education or training after the new law took effect. In Connecticut, 85 percent of welfare work participants were in education or training programs in 1994; by 1997, that proportion had dropped to 31.7 percent. In Maryland during the same years, education/training plunged from 65.1 percent to only 10.5 percent.[63]

Imposing time limits shorter than those required by federal law. While federal TANF block grant funds can be used to pay benefits for no longer than a lifetime 60 months, eight states have chosen shorter time limits, and another 10 states have set sub-limits such as 24 out of 60 months, usually within a 60-month lifetime cap.

In 13 states, families have begun to exhaust benefits. Because relatively few families receive welfare benefits continuously for extended periods, the first possible cut-off date for aid in a state may not affect many families. But in Massachusetts, where benefits could be exhausted starting December 1, 1998, about 2,600 families lost aid that month. Another 2,400 requested an extension and were able to continue to receive benefits until the state ruled on their case. According to state advocates, of the 1,000 cases that had been decided by the end of January 1999, 800 were rejected, 100 approved, and 100 held for further review.[64]

Failure to help families understand what benefits or services are available to them. As noted previously on page 8, families no longer receiving cash assistance far too often lose food stamps and Medicaid even when they remain eligible for these benefits. A South Carolina survey of former TANF recipients found that 60 percent did not know that parents could continue to qualify for transitional Medicaid. Parents who find jobs may just drop off welfare without informing welfare caseworkers about their employment. They do not understand that failure to report employment means that their food stamps will be reduced or terminated. In some states, when families lose aid for failure to comply with work rules, parents are denied Medicaid. In addition, families must continue to demonstrate their income/assets eligibility for both food stamps and Medicaid, usually on a quarterly basis, once they leave TANF. Few states undertake an outreach effort to make sure that former TANF recipients get the food stamps or Medicaid for which they qualify.

Families are often unaware of other services open to them. For example, in South Carolina, more than half the former recipients surveyed were

New Hope at Two Years

Economic forces and government choices are producing mounting numbers of working poor families. Is there a way to provide the supports needed to help working parents raise their children out of poverty? The New Hope Project — a three-year demonstration funded by private and public sources — has sought to show that a voluntary program can increase work effort and raise incomes in very low-income neighborhoods in Milwaukee, Wisconsin. New Hope was created to test an innovative, albeit simple, idea: that if people work at least 30 hours a week, they should not be poor.

Thus, if wages plus the federal and state Earned Income Tax Credits did not add up to above-poverty income, the New Hope Project bridged the gap by providing an income supplement to participating families. Beginning in 1995, individuals without jobs received help with job searches and had the opportunity to apply for temporary community service jobs if necessary to enable them to complete the 30 work hours per week to receive New Hope benefits. Participants also received subsidized family health insurance coverage and child care.

Participants could be either families with children or childless adults. They had to live in either of two poor Milwaukee neighborhoods (one predominantly Black, the other predominantly Hispanic), and could not have income exceeding 150 percent of the federal poverty line. More than nine of 10 participants had worked at some point prior to New Hope; about three out of five were receiving assistance such as Aid to Families with Dependent Children (AFDC — the welfare program prior to the 1996 law), food stamps, or Medicaid when the Project began. Approximately 1,350 volunteers were then divided randomly into program and control groups. The program group received the benefits of the wage supplement, child care, and health insurance subsidies, access to community service jobs at the minimum wage, and ongoing help from Project staff. The control group, similar to the program group in income, family, racial/ethnic, and other characteristics, did not receive any New Hope-specific services (although many were likely to be eligible for state-funded child care subsidies and Medicaid). Although the Project was not limited to families with children, it separated out a Child and Family Study sample of 745 families who were also divided into program and control groups.

Findings from Manpower Demonstration Research Corporation's (MDRC) rigorously designed research study of New Hope's first two years are now available. So far, New Hope shows that overall, its participants have taken advantage of its benefits to work more and increase their incomes. Participants had higher earnings, and their total income was higher after two years than those in the control group. Hardships such as unmet medical or dental needs or utility shut-offs were less likely among the program group than the control group.

In addition, New Hope's unique Child and Family Study incorporated an in-depth look at the activities, school performance, and psychological well-being of children. The study found that New Hope children were more likely than those in the control group to be in formal child care arrangements and other group activities, and that boys, especially, did better in school.

Participants used New Hope's benefits differently, according to their needs. The two-year evaluation published by MDRC found that participants who started the program working less than full-time worked 12 percent more hours than their control group counterparts over two years. Both earnings ($11,897) and total income ($22,403) for those who started out with less

than full-time work exceeded their control group's by 13 percent during the period studied. The New Hope wage supplement contributed $814 to the income total; the rest was made up of wages, the federal and state Earned Income Tax Credits ($1,780), AFDC ($4,667), and food stamps ($3,245). In contrast, those who had started out employed full-time decreased by 5 percent the number of months in which they worked more than 40 or 50 hours per week compared to their control group. For these participants, the security that New Hope offered may have made it easier to spend more hours with their families despite some reduction in overall income.

New Hope found what most other work programs have: most people on welfare or at risk of it desperately want to work, but when they do, their jobs do not command family-supporting wages and the work is not steady. During the two years, those who had been working full-time at the program's start were on average employed 6.9 out of a possible eight quarters, while their comparison group worked 6.7 quarters. Those who started out with less than full-time employment worked a total of 5.5 quarters, while their control group worked 4.8 quarters. The community service work opportunities provided by New Hope allowed individuals with unstable jobs to increase their time at work, and therefore to increase their pay as well. Those who had started the program working less than full-time were helped the most by the community service jobs, which added an average of 0.7 quarters (approximately two months) to participants' length of employment, and $1,132 to their total wages. Without these earnings, they would have earned only a little more than the control group.

MDRC also found that New Hope made the greatest positive difference for participants who had one of the following six indicators of barriers to employment it identified:

- Not having worked in the past six years;
- Having been arrested since age 16;
- Having two or more children under age six;
- Having four children under age 12;
- Having been fired from the period of longest employment; or not having completed high school or its equivalent.

Program participants who had not started out with full-time work and who had one of these indicators made substantial income gains over the comparable control group — they earned *30 percent more* than their control group over the two years ($2,944 more than the control group's $9,783). Participants employed less than full-time at the outset with multiple indicators of barriers had somewhat higher earnings compared to their control group (8 percent more), and New Hope helped them to have 17 percent higher total income than the controls, a significant boost. While the study provides no conclusions about these differences, some lessons may be emerging. New Hope's administrators see the program as necessary, but not in all cases sufficient. Those with multiple barriers (including many not identified in the study) may need additional services beyond New Hope's scope. But where multiple issues make work harder to sustain, New Hope helps families to be less poor.

New Hope participants were more likely to have health insurance than the control group. Among the Child and Family Study group, 93 percent of Project participants had some form of

health coverage (some or all provided by New Hope, the employer, or Medicaid), compared to 85 percent for the control group. Participants were more likely to have paid sick days than control group members, but for both the proportions with paid sick days were appallingly low: 29 percent for participants; 25 percent for controls.

Families were also more likely to have subsidized child care (either from New Hope or the state): 59 percent of New Hope Child and Family participants utilized subsidized child care, compared to 41 percent for the controls. The average New Hope child care benefit was worth $685.53 monthly to families, who contributed another $65.67 towards their total child care costs. A majority — 58 percent — of the program group families used formal child care (center care, pre-schools, or licensed family care), compared to 47 percent for the control group. Informal care (relatives, friends, or neighbors) was utilized by 63 percent of the program group, compared to 66 percent of the controls. Boys in the program group were more likely to be placed in after-school programs than their control counterparts; girls were more likely to be placed in center-based care.

Interestingly, although no one predicted it beforehand, boys in the program group did much better in school performance and behavior than did boys in the control group, according to reports from their parents and teachers. Girls do not show similar benefits from the project; in fact, girls in the participant group had somewhat worse rates of disciplinary action than did the control group members. There is no clear explanation for this difference, although the evaluators speculate that parents made special efforts to get boys in after-school programs because of their concern that boys are more likely to get into trouble, and that this additional supervision contributed to their better performance.

New Hope helped participants to meet basic needs to a greater extent than the control group. For example, 59 percent of all control group members went for periods without health insurance over the two years, compared with 48 percent of New Hope participants.

New Hope isn't magic. All participants were not automatically able to work 30 hours or more each week, and when they did not, they did not get the benefits offered by the program. Overall, New Hope participants worked 5.9 quarters out of eight, significantly better than the controls' 5.4 quarters. Almost four out of five used at least one of the benefits New Hope offered at some point. It appears that New Hope brought the most gains to those who needed some help, but who were not beset with multiple problems. If they had less than full-time jobs on entering the program, New Hope did a good job of increasing their time employed and their earnings, to 13 percent more earnings than the control group. Further, those who had entered the program with less than full-time hours and who coped with one employment barrier had 30 percent more earnings than their comparison group. AFDC recipients, a group likely to suffer from barriers to employment, earned about $1,000 more when they were New Hope participants than did control group AFDC families over two years.

In its first two years, New Hope has shown that low-income residents in Milwaukee want to work, and that earnings supplements and community service jobs can help them to work more and receive higher incomes. New Hope also shows how low and sporadic earnings are likely to be, especially for those with barriers to employment. Supplements to earnings must be part of the income package for families with children if they are to start edging out of poverty.[65]

unaware that they would qualify for child care assistance. In Utah, families are told to seek free care before they can be offered a subsidy. In Maryland, caseworkers received similar written instructions to encourage cheaper, informal child care. Although the policy was rescinded, caseworkers were not systematically told, so many families remained unaware of the range of child care available to them.[66]

Reduced or terminated assistance. According to admittedly incomplete statistics compiled by the U.S. Department of Health and Human Services from 39 states, 673,600 families had assistance terminated between July 1997 and September 1997 (the full caseload was 3.04 million families during the same period). None of these case closures occurred because time limits had taken effect. Causes for the terminations are unclear, because states report "other" as the reason for case closure two-thirds of the time. Only 16 percent of the cases were said to close because the parent found employment, a figure likely to be unrealistically low because, as noted above, many families do not understand the need to report their employment when they leave welfare.

While the federal law requires that benefit reductions be imposed for failure to comply with work requirements, child support, and other program rules, the law does not insist on terminating all cash aid to the whole family. But 37 states have chosen precisely that as the maximum penalty for work rule violations, and 35 states will terminate the whole family's assistance if the parent does not cooperate with child support rules.[67]

Figures from the 39 states showed 6.4 percent of cases closed in 1997 due to sanctions, but with wide variation among states. In Florida, Mississippi, and South Carolina, for example, more than one-fifth of their closed cases occurred through sanctions; in Indiana, they accounted for more than two-fifths of closures. All of these states except Indiana have higher than average overall caseload reduction. Another 10.2 percent of the case closings nationwide were due to "state policy," including families who did not show up for appointments or provide required documentation. Here, too, there is wide variation among states. Michigan, New Jersey, and Wisconsin terminated more than half of their closed cases under this category.[68]

While state coding practice will account for much of the variation among states, real choices are at work as well. States that are rigid and unhelpful will close cases as families scramble to assemble needed paperwork. Families in the throes of mental health, domestic violence, or other crises are more likely to lose assistance when states do not provide appropriate help.

Whether a state has an explicit policy calling for harsh penalties or ends up closing cases because of rigidly unresponsive dealings with families, families lose income and services. Their resulting deepening poverty will cause suffering while denying them the means to stable employment. No car, no training, no medical treatment, and no cash may mean no job.

Practices That Strengthen Families and Protect Children

Allowing a broader set of activities to count towards the work requirement. When families are beset by problems such as substance abuse, domestic violence, mental or physical disability, or illiteracy, they need help in order to move forward. Ignoring these problems increases the likelihood that the family will lose benefits without any realistic prospect of employment. Such families are at risk of losing their children, a catastrophe that might be avoided with the right supports. Some early evidence pointing to the risk of family breakup has been reported in San Diego. In the three years before the welfare law took effect, there were about 200 foster care placements annually; placements more than doubled (to 409) in 1997-1998. Interviews with 100 homeless families in emergency shelters suggest that loss of assistance may have played some part in the upsurge: 36 percent of the homeless parents had lost some or all of their TANF benefits in the previous six months. More than three-quarters of these families reported they became homeless as a direct result of the loss of benefits; 18 percent said they had placed their children

in foster care. While this sample is too small to be conclusive, it is very troubling.[69]

If parents are helped to develop an individualized plan with appropriate activities leading through several steps towards job readiness, they are more likely to be able to comply. Appropriate activities might involve counseling or treatment, or steps to get protection from violence. Utah and Oregon accept activities such as these towards fulfilling the work requirement.

Encouraging both parents. In 1997, seven percent of families receiving TANF were two-parent families; 70 percent were headed by single parents, and in 23 percent of the cases benefits were provided only to children.[70] Under the old welfare legislation, it was harder for two-parent families to qualify for aid than for single parents. States no longer have to follow those rules, and 35 states now use the same eligibility standards for one- or two-parent families. However, far higher work participation rates for two-parent families in the 1996 welfare law may work against these families. In 1997, 75 percent of two-parent families were supposed to have at least one parent engaged in work (with the percentage reduced if the TANF caseload had declined). But 21 states with two-parent families in their caseload failed to meet the federal target in 1997. Many states have begun to recognize that some of the two-parent families receiving TANF have serious problems that make work unlikely without intensive help. The unrealistically high participation rates penalize states that wish to assist two-parent families, and may in the future cause some states to stop serving them.

Continuing benefits for children. Several states continue some form of assistance to children even if their parents have been ruled ineligible. California, for example, will use its own funds to continue support for children after the parents exhaust their time-limited benefits. New York provides non-cash benefits such as vouchers paid to landlords or to utility companies intended to keep children from destitution after their parents no longer receive aid. While benefits are so low in every state that families can ill afford any reduction, continued partial aid may prevent family break-up.

Child-only cases. Between FYs 1994 and 1997, the number of welfare cases where just the child(ren) received benefits declined from 868,646 to 670,718. (These are families where neither parent is able to care for the child, and the child is usually taken care of by a grandparent or other relative who does not him/herself receive TANF assistance.) But because the whole caseload declined even more precipitously, the proportion of child-only cases increased during that period from 18.1 percent to 23.1 percent of all families receiving welfare.[71] When growing numbers of families are able to move from welfare to work, it stands to reason that families where the child is cared for by someone other than the parents will assume an increasing proportion of the caseload. States that want to encourage family stability should not misread this fact as an indication that parents are leaving TANF in order to circumvent time limits (children who continue to receive TANF with no adult in the case are not subject to time limits); rather, these are often situations in which the child has long been cared for by a relative or guardian. States should encourage children to stay with extended families when their parents cannot care for them, and should leave foster care as a last resort.

Moving Forward: A 1999 Agenda for Action

In the midst of this decade's long period of economic growth, America's poor children increasingly live in working families. Thus, there can be no solution to child poverty without a national investment in work supports: the assistance that makes it possible for parents to find and keep jobs paying a livable wage while meeting the needs of their children. Neither is there a solution to child poverty that does not protect and nurture stable families. Many poor families struggle against multiple problems of disability, illiteracy, and violence. They need the supports that enable families to stay together.

With substantial portions of federal funds for low-income families remaining unspent by states, and with state and federal budget surpluses projected for years to come, now is the time to invest these funds to provide the work and family supports needed for children to rise out of poverty. Proposals to use surpluses for massive tax cuts or other purposes while ignoring the need to sustain work and strengthen families condemn millions of low-income children to a bleak future — with severe human and societal costs.

Work Support

- Allow the use of federal TANF block grant funds so that months when TANF recipients combine low-wage work and partial assistance do not count toward the time limit. Until the federal law is changed, states should use their own dollars for such non-time-limited wage supplements, as Illinois is doing.
- Increase federal and state funding to improve the quality, supply, and affordability of child care and after-school activities, taking into account the special needs to care for children during non-traditional work hours and for children who are ill.
- Increase the federal and state minimum wages until full-time work will lift a family of three above the poverty line, and index the minimum wage so that inflation no longer erodes its value, as Washington state has recently done.
- Expand educational opportunities for low-income parents: count education and training as a work activity for families receiving public assistance, and stop the time limit clock for those engaged in education full-time. In addition, expand work-study and Pell grants so low-income parents can receive the college education that best allows them to compete for family-supporting wages. Expand training and job placement opportunities for both custodial and non-custodial parents.
- Expand federal and state funding for transportation grants to states so low-income parents can get to jobs. Do not deny food stamps to low-income families if they have one functioning vehicle that allows them to work.
- Ensure that food stamps and Medicaid — two of the most essential work supports — reach eligible poor families. Continuing eligibility for benefits should be established by mail or phone when possible. Aggressive outreach efforts should expand the availability of these benefits, as well as of the new State Child Health Insurance Programs (CHIP), child support enforcement help, the Earned Income Tax Credit, and other programs that bolster the incomes of low-wage working families.
- Use federal and state funds to create jobs at living wages in areas of high unemployment, maintaining protections against displacing workers, and protecting the rights of all workers to organize.
- Appropriate federal funds for at least 100,000 additional Section 8 housing vouchers in FYs 2000 and 2001, as a minimal first step towards addressing the housing needs of the record 5.3 million families paying more than they can afford and/or living in severely substandard housing.
- All states should adopt refundable Earned Income Tax Credits.
- State agencies should make systematic efforts to identify families with severe barriers to employment, link them with needed help and, if families cannot hold down steady employment due to these barriers, give credit for family- and community-strengthening activities.

Family Supports

- Allow exemptions from time limits for more than 20 percent of families if they meet hardship definitions established by states, or if state TANF caseloads have dropped more than 20 percent since the law was enacted.
- Change federal law to allow states to continue providing TANF benefits to children after their parents have exhausted time-limited assistance; until the federal law is changed, states should

use their own funds to provide aid to children, as California has done.

- Restore food stamps to all legal immigrants now denied this assistance, including those who entered the country legally on or after August 22, 1996. Food stamp cuts affecting families with high shelter costs should be rescinded.
- Expand school breakfast, summer food, and Women, Infants and Children (WIC) nutrition programs so that all eligible children (and pregnant women) are served.
- Eliminate provisions in state welfare laws that are more harsh than federal law requires, such as the family cap and terminating the entire family's assistance for failure to comply with program rules.
- Collect information about the impact of state welfare implementation on children and families, tracking earnings, employment, food stamp and Medicaid receipt, and other indices over time to determine whether welfare plans improve or worsen family and child well-being.

Endnotes

1. Census Bureau. Current Population Survey data for March 1989 and March 1998. Tabulations by the Children's Defense Fund.

2. Personal communication, unpublished preliminary tabulations, Brooks Pierce, Analyst, Bureau of Labor Statistics, Dec. 21, 1998.

3. Sherman, A. (1997). *Poverty matters*. Washington, DC: Children's Defense Fund. Available on the Internet, www.childrensdefense.org/fairstart.html.

4. Census Bureau. (1998). Data from the Current Population Survey. Retrieved from the Internet, *http://www.census.gov/hhes/income/histinc/f10.html*, Dec. 22, 1998.

5. Mishel, L., Bernstein, J., & Schmitt, J. (1999). *State of working America 1998-99* (p. 129). Ithaca, NY: Cornell University Press.

6. Personal communication, unpublished tabulations, Brooks Pierce, Analyst, Bureau of Labor Statistics, Dec. 21, 1998. Wage and benefits shown are really the average of wages during the years 1981-1983; wages and benefits for 1996 are averaged for the years 1995-1997.

7. Greenspan, A. (1998, Aug. 28). Federal Reserve Bank of Kansas City's Symposium on Income Inequality: Issues and Policy Options, opening remarks, Jackson Hole, WY.

8. Mishel, L., Bernstein, J., & Schmitt, J. (1999). *State of working America 1998-99* (p. 271). Ithaca, NY: Cornell University Press; see 1998 citation of E.N.Wolff.

9. Census Bureau. Unpublished data from the March 1998 Current Population Survey. Calculations by the Children's Defense Fund.

10. Information retrieved from the Internet, *http://stats.bls.gov*, Feb. 19, 1999. See the Selective Access System, Bureau of Labor Statistics, Current Population Survey. Calculations by the Children's Defense Fund.

11. Census Bureau. Unpublished data from the March 1989 Current Population Survey. Tabulations by the Children's Defense Fund; cited in Sherman, A., Amey, C., Duffield, B., Ebb, N., & Weinstein, D. (1998). *Welfare to what: Early findings on family hardship and well-being*. Washington, DC: Children's Defense Fund and National Coalition for the Homeless.

12. Sherman, A., Amey, C., Duffield, B., Ebb, N., & Weinstein, D. (1998). *Welfare to what: Early findings on family hardship and well-being*. Washington, DC: Children's Defense Fund; citing CDF tabulations of data from Census Bureau Current Population Surveys, March 1996, March 1997, and March 1998.

13. Census Bureau. (1998, September). *Poverty in the United States: 1997*. Washington, DC: U.S. Government Printing Office.

14. The first three of the following findings are citations from Sherman, A. (1997). *Poverty matters*. Washington, DC: Children's Defense Fund. Available on the Internet, www.childrensdefense.org/fairstart.html. The fourth is a citation from Shanahan, M., Davey, A., & Brooks, J. (1998). *Dynamic models of poverty and psychological adjustment through childhood* (Unpublished paper). University Park: Pennsylvania State University. Available on the Internet, http://www.jcpr.org/shanahan.html.

15. Second Harvest National Food Bank Network. (1998, March). *Hunger 1997: The faces and the facts*. Chicago: Author.

16. Urban Institute and Child Trends, Inc. (1999). *Snapshots of America's families: A view of the nation and 13 states from the National Survey of America's families*. Washington, DC: Author. Available on the Internet, http://newFederalism.urban.org/nsaf/index.htm.

17. South Carolina Department of Social Services. (1998, June). *Survey of former Family Independence Program clients: Cases closed during October through December 1997*. Columbia: Author.

18. Wisconsin Division of Economic Support. (1999, January). *Wisconsin works: Survey of those leaving AFDC or W-2, January to March 1998* (Preliminary report). Madison: Wisconsin Department of Workforce Development.

19. Sherman, A., Amey, C., Duffield, B., Ebb, N., & Weinstein, D. (1998). *Welfare to what: Early findings on family hardship and well-being*. Washington, DC: Children's Defense Fund and National Coalition for the Homeless; also available on the Internet, *www.childrensdefense.org/fairstart.html*; citing research in progress by D. Porpora, Department of Psychology, Sociology, and Anthropology, Drexel University, Philadelphia, for NETWORK, a coalition of Catholic organizations.

20. Food and Nutrition Services Division, Department of Agriculture. (1999, February). *Food stamp program actual participation, November 1998*. Washington, DC: Author.

21. Physicians for Human Rights. (1998, May). Medical group finds high prevalence of food insecurity and hunger among United States legal immigrant

populations. Retrieved from the Internet, *www.phrusa.org/research/food.html*, February 1999.

22. Hernandez, D., & Charney, E. (Eds.) (1998). *From generation to generation: The health and well-being of children in immigrant families*. Washington, DC: National Academy Press.

23. Urban Institute and Child Trends, Inc. (1999). *Snapshots of America's families: A view of the nation and 13 states from the National Survey of America's Families*. Washington, DC: Author. Available on the Internet, http://newFederalism.urban.org/nsaf/index.htm.

24. Daskal, J. (1998). *In search of shelter*. Washington, DC: Center on Budget and Policy Priorities.

25. Currie, J., & Yelowitz, A. (1997, December). *Are public housing projects good for kids?* (Working Paper 6305). Cambridge, MA: National Bureau of Economic Research. Available on the Internet, *http://nberws.nber.org/papers/W6305*.

26. Department of Housing and Urban Development (HUD). (1998, April). *Rental housing assistance: The crisis continues*; citing 1995 American Housing Survey data. Washington, DC: HUD and Census Bureau.

27. Daskal, J. (1998). *In search of shelter*. Washington, DC: Center on Budget and Policy Priorities.

28. National Low Income Housing Coalition. (1998, October). *Out of reach: Rental housing at what cost?* Washington, DC: Author.

29. Department of Housing and Urban Development. (1998, April). *Rental housing assistance: The crisis continues*. Washington, DC: Author.

30. South Carolina Department of Social Services. (1998, June). *Survey of former Family Independence Program clients: Cases closed during October through December 1997*. Columbia: Author.

31. Sherman, A., Amey, C., Duffield, B., Ebb, N., & Weinstein, D. (1998). *Welfare to what: Early findings on family hardship and well-being*. Washington, DC: Children's Defense Fund and National Coalition for the Homeless; also available on the Internet, www.childrensdefense.org/ fairstart.html.

32. Homes for the Homeless and the Institute for Children in Poverty. (1998). *Ten cities: A snapshot of family homelessness across America, 1997-1998*. New York: Author.

33. Sard, B., & Lubell, J. (1998). *How the statutory changes made by the Quality Housing and Work Responsibility Act of 1998 may affect welfare reform efforts*. Washington, DC: Center on Budget and Policy Priorities.

34. Rothman, I. (1998). *Getting to work: An organizer's guide to transportation equity*. Washington, DC: Center for Community Change.

35. General Accounting Office. (1998, December). *Welfare reform: Implementing DOT's Access to Jobs Program* (GAO/RCED-99-36). Washington, DC: Author.

36. Committee on Ways and Means. (1998). *Green book* (WMCP 105-7) (p. 601). Washington, DC: House of Representatives.

37. Meyer, D., & Cancian, M. (1997). *Child support and economic well-being following an exit from AFDC (Child Support Report)*. Washington, DC: Department of Health and Human Services.

38. General Accounting Office. (1998, August). *Welfare reform: Child support an uncertain income supplement for families leaving welfare* (GAO/HEHS-98-168) (pp. 2-3). Washington, DC: Author.

39. Administration for Children and Families, U.S. Department of Health and Human Services. (1998, June 24). *White House fact sheet*. Washington, DC: Author. Available on the Internet, *http://www.acf.dhhs.gov/news/press/1998/cse0624.htm*.

40. Mishel, L., Bernstein, J., & Schmitt, J. (1999). *State of working America 1998-99* (pp. 189-192). Ithaca, NY: Cornell University Press.

41. Bernstein, J., & Schmitt, J. (1997). *The sky hasn't fallen: An evaluation of the minimum-wage increase*. Washington, DC: Economic Policy Institute.

42. Bernstein, J., & Schmitt, J. (1997). *America's well-targeted raise*. Washington, DC: Economic Policy Institute.

43. Mishel, L., Bernstein, J., & Schmitt, J. (1999). *State of working America 1998-99* (p. 191). Ithaca, NY: Cornell University Press.

44. Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor (1998, August). Minimum wage and overtime premium pay standards applicable to nonsupervisory nonfarm private sector employment under state and federal laws. Washington, DC: Author.

45. Public Policy Department, AFL-CIO. (1998, December). List of living wage provisions in states. For more information contact Christine Silvia, (202) 637-5177. Washington, DC: Author.

46. Office of Disability, Social Security Administration. (1998, Oct. 31). SSI welfare reform childhood status report. Baltimore: Author; also personal communication with Jonathan Stein, General Counsel, Community Legal Services, Philadelphia, Jan. 29, 1999.

47. Lazere, E. (1999, February). Unspent TANF Funds at the end of Federal Fiscal Year 1998. Washington, DC: Center on Budget and Policy Priorities.

48. Burtless, G. (1998). Can the labor market absorb 3 million welfare recipients? *Focus, 19*(3), 1-6. *Focus* is a publication of the Institute for Research on Poverty, University of Wisconsin–Madison.

49. Mishel, L., Bernstein, J., & Schmitt, J. (1999). *State of working America 1998-99* (p. 158). Ithaca, NY: Cornell University Press.

50. Collins, A., & Rolston, H. (1998). *Temporary Assistance for Needy Families program information memorandum* (TANF-ACF-PI-98-7). Washington, DC: U.S. Department of Health and Human Services.

51. General Accounting Office. (1998, June). *Welfare reform: States are restructuring programs to reduce welfare dependence* (GAO/HEHS-98-109). Washington, DC: Author.

52. Administration for Children and Families, U.S. Department of Health and Human Services. (1998, August). *Temporary Assistance for Needy Families (TANF) program: First annual report to Congress*. Washington, DC: Author. The District of Columbia's changed treatment of earnings was not included in the HHS's first annual report to Congress.

53. Schott, L. (1998). *State choices on time limit policies in TANF-funded programs*. Washington, DC: Center on Budget and Policy Priorities.

54. Falk, G., Solomon-Fears, C., Gabe, T., Gish, M., & Hansotia, S. (1998, May). *Welfare reform: Financial eligibility rules and benefit amounts under TANF*. Washington, DC: Congressional Research Service.

55. Sherman, A., Amey, C., Duffield, B., Ebb, N., & Weinstein, D. (1998). *Welfare to what: Early findings on family hardship and well-being*. Washington, DC: Children's Defense Fund and National Coalition for the Homeless; also available on the Internet, www.childrensdefense.org/fairstart.html.

56. Administration for Children and Families, U.S. Department of Health and Human Services. (1998, August). *Temporary Assistance for Needy Families (TANF) program: First annual report to Congress*. Washington, DC: Author.

57. Office of the Assistant Secretary for Planning and Evaluation. (1998). *Ancillary services to support welfare to work: National and state estimates* (Appendix A: Estimation of Need, Tables 1 and 2). Washington, DC: U.S. Department of

BEST COPY AVAILABLE

Health and Human Services. Available on the Internet, http://aspe.hhs.gov/hsp/isp/ancillary/tbls.htm.

58. Office of the Assistant Secretary for Planning and Evaluation. (1998). *Ancillary services to support welfare to work: National and state estimates* (Appendix A: Estimation of Need, Table 20). Washington, DC: U.S. Department of Health and Human Services. Available on the Internet, http://aspe.hhs.gov/hsp/isp/ancillary/tbls.htm.

59. Sherman, A., Amey, C., Duffield, B., Ebb, N., & Weinstein, D. (1998). *Welfare to what: Early findings on family hardship and well-being*. Washington, DC: Children's Defense Fund and National Coalition for the Homeless; also available on the Internet, www.childrensdefense.org/fairstart.html.

60. Sherman, A., Amey, C., Duffield, B., Ebb, N., & Weinstein, D. (1998). *Welfare to what: Early findings on family hardship and well-being*. Washington, DC: Children's Defense Fund and National Coalition for the Homeless; also available on the Internet, www.childrensdefense.org/fairstart.html.

61. Danziger, S., Corcoran, M., Danziger, S., Helfin, C., Kalil, A., Levine, J., Rosen, D., Seefeldt, K., Siefert, K., & Tolman, R. (1998, October). *Barriers to the employment of welfare recipients*. Paper presented at the Annual Meeting of the Association for Public Policy Analysis and Management, New York. Ann Arbor: Work, Poverty Research and Training Center, School of Social Work, University of Michigan.

62. Administration for Children and Families, U.S. Department of Health and Human Services. (1998). *Characteristics and financial circumstances of TANF recipients*. Washington, DC: Author.

63. General Accounting Office. (1998, June). *Welfare reform: States are restructuring programs to reduce welfare dependence* (GAO/HEHS-98-109). Washington, DC: Author.

64. Massachusetts Law Reform Institute. (1999). *Welfare reform in Massachusetts: The TAFDC Program*. Boston: Author.

65. Bos, H., Huston, A., Granger, R., Duncan, G., Brock, T., & McLoyd, V. (forthcoming 1999, April). *New Hope for low income families: Effects of a program to reduce poverty and reform welfare* (working title). New York: Manpower Demonstration Research Corporation.

66. Sherman, A., Amey, C., Duffield, B., Ebb, N., & Weinstein, D. (1998). *Welfare to what: Early findings on family hardship and well-being*. Washington, DC: Children's Defense Fund and National Coalition for the Homeless; also available on the Internet, www.childrensdefense.org/fairstart.html.

67. Administration for Children and Families, U.S. Department of Health and Human Services. (1998, August). *Temporary Assistance for Needy Families (TANF) program: First annual report to Congress*. Washington, DC: Author.

68. Administration for Children and Families, U.S. Department of Health and Human Services. (1998). *Characteristics and financial circumstances of TANF recipients*. Washington, DC: Author.

69. Institute for Children and Poverty, Homes for the Homeless. (1998). *Profile of family homelessness: San Diego County*. New York: Author.

70. Administration for Children and Families, U.S. Department of Health and Human Services. (1998). *Characteristics and financial circumstances of TANF recipients*. Washington, DC: Author.

71. Administration for Children and Families, U.S. Department of Health and Human Services. (1998). *Characteristics and financial circumstances of TANF recipients*. Washington, DC: Author; Administration for Children and Families, U.S. Department of Health and Human Services. (1995). *Characteristics and financial circumstances of AFDC recipients FY 1993*. Washington, DC: Author.

BEST COPY AVAILABLE

CHAPTER 2

CHILD HEALTH

All children need health care services to stay well, to help them recover from illnesses and injuries, and to prevent medical problems from becoming more serious. To receive care on a reliable basis, every child must have health insurance. Thus, providing insurance for the 11.6 million American children who lack health coverage stands out as one of the nation's most urgent policy priorities.

Of all the members of our society, uninsured children are the least likely to have routine access to a physician or to a regular source of health care. Compared with children who have insurance, uninsured children are more likely to be sick as newborns, less likely to be immunized on time, and less likely to receive medical treatments when they are injured or sick with ear infections, asthma, tooth decay, or other health problems.[1]

Children with untreated illnesses, injuries, and chronic health conditions have a harder time performing well at school. Children who cannot see the blackboard, who cannot hear the teacher, or who are distracted by the pain of untreated earaches or toothaches do not go to school ready to learn and ready to succeed. These children also stay home from school more often. And when their learning suffers, their ability to become productive, employed, contributing adults is put at risk.

New Opportunities for Working Families

One out of seven children has no health insurance, and nine out of 10 uninsured children live in families where at least one parent is working. Fortunately, low-income working families now have the opportunity to sign up their uninsured children for affordable health care coverage. As of January 1, 1999, the largest children's health insurance initiative in more than 30 years had been launched in 48 states and the District of Columbia. This new initiative — the State Children's Health Insurance Program (CHIP) — holds the potential to improve access to care for millions of children and to give them a better chance at school readiness and success.

Under CHIP, states receive $4 billion a year in federal matching funds for children's health insurance. This represents a significant national commitment and a historic bipartisan legislative achievement. States participating in CHIP have great flexibility in how to implement the program. This has advantages and disadvantages. On the positive side, each state can adapt the process of providing children with health insurance to its unique needs, resources, and traditions. However, this flexibility also means that community-based organizations and others committed to children's health must be actively involved in

Who are the uninsured children?

Race and Ethnicity	
46.2 percent	are White
29.0 percent	are Hispanic
19.2 percent	are Black
4.3 percent	are Asian or Pacific Islander
1.3 percent	are American Indian, Aleut, or Eskimo
Family Structure	
89.3 percent	have at least one working parent
64.2 percent	have at least one parent who works full-time throughout the year
66.3 percent	live in families with incomes above poverty
52.2 percent	live in a two-parent household

Notes: Children are 0 through 18 years of age. Children of Hispanic origin are not included in the other racial and ethnic categories. Insurance, income, and employment information refer to status in 1997; all other information was the status in March 1998.
Source: March 1998 Current Population Survey, U.S. Department of Commerce, Bureau of the Census.
Calculations by Children's Defense Fund.

making sure that states craft the most child- and family-friendly programs, enroll every eligible child in CHIP, and ensure that those children actually receive the services they need.

CHIP Implementation Options

To implement CHIP, states can use three basic approaches. They can choose to expand their existing Medicaid programs to cover additional children; they can create or expand state-run or separate health insurance programs; or they can do both by using a combination of approaches to reach different groups of children and families. Thus, CHIP allows states to provide or to subsidize insurance in ways that reflect each state's preferences about Medicaid and private insurance products.

By February 2, 1999, CHIP plans for 48 states (and one for the District of Columbia) had been approved by the U.S. Department of Health and Human Services. Plan amendments from nine other states were under review. Washington and Wyoming had not submitted plans.

Here is a summary of the range of strategies undertaken by states in the first year of CHIP:

- **Medicaid expansion**. Twenty-four states have implemented CHIP exclusively by expanding Medicaid. Eleven states have increased the ages for Medicaid coverage, and six states have increased the income level for eligibility. Eight states have done both.
- **Separate state plan**. Fourteen states have kept their Medicaid programs the same and have created or expanded separate state-run health insurance programs for children.
- **Combination.** Eleven states have changed their Medicaid programs and also have created or expanded separate state-run programs.

States also have flexibility about CHIP design in the following areas:

- **Eligibility.** States can make health insurance available to children in families earning up to 200 percent of the federal poverty level ($32,900 a year for a family of four), or up to 300 percent of poverty in those states that already have expanded Medicaid to 200 percent. Four such states (Connecticut, Missouri, New Hampshire, and Vermont) have set eligibility at 300 percent of poverty, and Minnesota set eligi-

bility at 275 percent. Rhode Island has set eligibility at 250 percent, Pennsylvania and New Mexico at 235 percent, and New York at 230 percent. Nineteen states have set eligibility at 200 percent of poverty, and about half of the states have chosen a lower eligibility level than the CHIP maximum.

- **Benefits.** States have many choices for designing the package of benefits offered to children. They can base benefits on those provided under Medicaid, the most popular health maintenance organization (HMO) in the state, the plan used by most state employees, or the federal employees' Blue Cross Blue Shield plan. In general, the Medicaid benefit is most comprehensive and covers the most services because it was designed to cover low-income children and those with chronic conditions and special health care needs. Managed care plans tend to put more emphasis on age-appropriate preventive services such as immunizations and well-child visits. Almost every state has already enrolled children and families receiving Medicaid into some form of managed care.
- **Premiums.** If a state implements CHIP by expanding Medicaid, it generally cannot charge premiums or co-payments for children because of the Medicaid law. If states create a new health insurance program, they may require families to share the costs of participation ($15 to $19 per month per family for those with incomes below 150 percent of the poverty level, and up to 5 percent of income for those above 150 percent). For low-income families making choices about how to stretch their monthly budgets, the cost of health insurance must compete with housing, utility bills, child care, transportation, food, and other monthly expenses. For these families, even a small premium or co-payment could make CHIP unaffordable.

States with Medicaid expansions must implement their CHIP programs statewide, but states establishing separate children's health insurance plans can experiment with smaller programs in certain areas if they want. State decisions about plan

Facts

- In 1997, 11.6 million children (one out of every seven) had no health insurance.
- Nine out of 10 uninsured children live in working families.
- Between 1992 and 1997, there was a 33 percent increase in the number of fully immunized two-year-olds.
- Infant mortality has reached an all-time low at 7.1 deaths per 1,000 births, but the rate is still more than twice as high for Black children as for White children.
- Nearly one out of four children (19.7 million) are currently enrolled in Medicaid.
- An estimated 40 million children are enrolled in some form of managed care.

Figures

design have been based on their experiences with the health care market, such as the availability of health plans that would participate in CHIP and Medicaid, the distribution and availability of pediatricians in certain health plans, the geographic concentration of uninsured children within the state, and other factors that could affect children's access to care.

Maximizing Health

CHIP is a critical first step toward ensuring that every child gets a healthy start in life, but more is needed to maximize children's health. Insurance alone does not make children healthy, and lack of insurance is not the only cause of poor health. Poor nutrition, substandard housing, violence, environmental hazards, and many other economic factors combine to produce racial, ethnic, and socioeconomic disparities in health status. The nation's future public health goals center around reducing these disparities in the coming years.

Fortunately, CHIP can help serve this goal as well. CHIP gives additional incentives to state and local health departments to continue to improve their capacity for monitoring and data collection activities. With better information at the state and local levels, it will be more possible to identify and address the discrepancies in health status and access to care among different groups.

In its first year, CHIP has already become a catalyst for improving coordination among the wide array of public health, medical care, human services, and other community-based programs serving low-income children and families. With a new emphasis on improved outreach and program coordination and on public information and accountability, the CHIP initiative will encourage innovative collaborations based on new approaches, new partnerships, and new and improved information and communication systems in both public and private sectors.

In addition to CHIP's potential to reduce the numbers of uninsured children, the long-term impact of CHIP on the infrastructure of public health and children's health care systems eventually could be even more far-reaching. A seamless and family-friendly continuum of public health and medical care could begin to emerge.

Income and Children's Health Status

Annual family income	% of children reported to be in Excellent or very good health	Fair or poor health
All incomes	80.3%	2.6%
$35,000 or more	89.0	1.1
$20,000-$34,999	79.6	2.5
$10,000-$19,999	70.2	5.1
Under $10,000	63.7	5.9

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, 1995 Health Interview Survey. Calculations by Children's Defense Fund.

Focusing on Uninsured Children with Working Parents

More than 75 million children live in the United States. The most recent data[3] show that nearly 51 million children through age 18 (nearly seven out of 10) were covered by private insurance:

- 47 million children (62 percent of all children) received coverage through their parents' employers; and
- 3 million children were covered by private insurance policies purchased by their parents.

In addition:

- 19.7 million children under 21 (nearly one out of every four) were enrolled in Medicaid.[4]

Every year for the past several years, the number of uninsured children has increased. According to the Census Bureau, in 1997, 11.6 million children (one out of every seven) had no health insurance.

As noted previously, the majority of uninsured children — nine out of 10 — live in working families. For the most part, these parents work for small businesses, such as construction or landscaping firms or have low-wage jobs in the service industries, such as restaurants, gas stations, convenience stores, or child care. Their employers often do not pay for insurance coverage for workers and their families; they earn too little to afford to buy it on their own; and they earn too much to qualify for Medicaid or other public programs.

Although the number of children with employer-based coverage has been dropping for several years, it is not primarily because employers have been dropping coverage. The number and percentage of employers offering coverage to families has stayed relatively stable. What has changed is the amount of cost-sharing in order to participate in health coverage: employers, particularly small business owners with fewer than 25 employees,[5] have been asking their employees to pay a larger share of the costs for dependent coverage. As a result, more families have been dropping the coverage because they can no longer afford their portion of the health insurance premiums.

According to the most recent Census Bureau statistics, almost 23 million children have a gap in their insurance coverage that can last for several months.[6] If children become sick or are injured when they lack insurance, their families are forced to make difficult choices: delay treatment and hope for the best, or pay medical expenses out of pocket and risk being unable to pay for other necessities, such as food, rent, or utility bills.

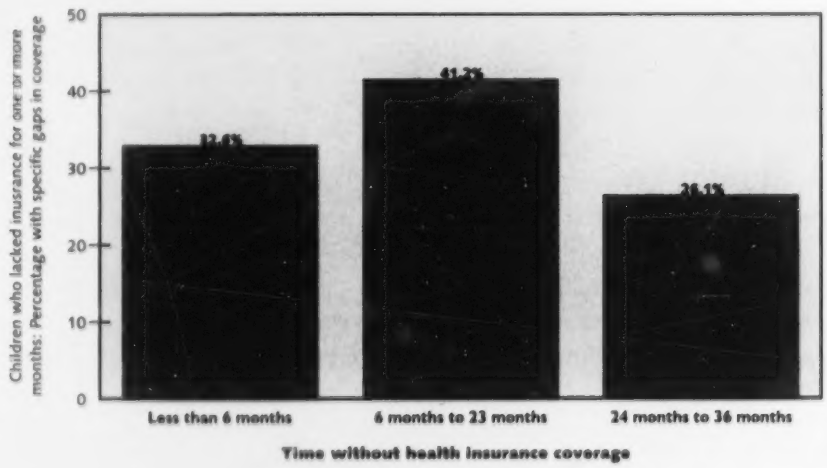
As with so many key indicators of children's well-being, the likelihood of being insured also correlates strongly with race and ethnicity. Although the total *number* of uninsured White children is the highest, the *proportion* of uninsured children is higher in communities of color. Nationally, one in five Black children and one in three Hispanic children are uninsured, compared with one in nine White children.

What this means is that culturally appropriate, community-based outreach efforts must recognize the concerns of Black, Hispanic, Asian, and immigrant parents and grandparents, provide the information they need in ways they can understand it, and make the CHIP and Medicaid enrollment processes as easy as possible. Ease of enrollment is particularly critical to all working families — with one or both parents

GAPS IN COVERAGE

Two-thirds of uninsured children are without coverage for six months or more.

MOST UNINSURED CHILDREN LACK COVERAGE FOR AT LEAST SIX MONTHS



Source: U.S. Bureau of the Census, Survey of Income and Program Participation, 1993 Panel.

simultaneously working and raising children, time is at a premium. No parent should have to wait hours in line to get their children health insurance; indeed, they should be able to fill out an application over the phone, or mail in an application. If outreach efforts are not tailored to working parents, enrollment in CHIP will be lower and slower than it needs to be.

Early Returns on CHIP: Good News on Maximizing Enrollment

One year into CHIP implementation, the majority of states have responded to the program's flexibility with creativity and enthusiasm. There is broad agreement around the country that it is important to make all of the varieties of CHIP programs work well, to learn what strategies are most effective in helping families, and to promote child-focused innovation.

The main goal for the first year of the CHIP program has been to identify and enroll as many eligible children as possible. In pursuing this objective, the level of involvement of public agencies, private foundations, national associations, and community-based organizations has been exceptional. CHIP also offers new opportunities for flexibility and innovation in the way that publicly administered and private for-profit and not-for-profit programs interact with children, families, and communities to maximize health coverage.

In partnership with the U.S. Department of Health and Human Services, states are working with community-based organizations to improve access to Medicaid expansions and separate state programs through strategies such as the following:

- Shortening application forms;
- Streamlining their enrollment processes, such as having a combined application for Medicaid and CHIP;
- Changing the name of the program (for example, Arkansas' Medicaid calls its CHIP program ARKids First, and Indiana calls its program Hoosier Healthwise);
- Adapting traditional outreach strategies to become more effective and culturally appropriate;
- Contracting with marketing companies to develop media campaigns; and
- Improving their procedures for eligibility determination and redetermination, such as finding ways to improve coordination among programs with different eligibility requirements.

Vigorous and effective outreach. CHIP outreach efforts are in various stages of being launched by most states and hundreds of community-based organizations. Some efforts are based on giving CHIP information to existing networks that already have roots in communities while others take a statewide or national approach, which takes more planning and organization as well as more funding.

Outreach has not always been immediately effective. Some states have set up toll-free hotlines, but when families call in, they either get busy signals or the phone rings unanswered. California funded a media campaign with billboards that talked about the Healthy Families (CHIP) Program, but did not mention that it offers free or low-cost insurance coverage. Whatever outreach strategies are chosen, they should be evaluated and revised to make sure they are reaching the families who need to know about CHIP and communicating the right information clearly and concisely.

Simplified application. The enrollment process must be streamlined and made accessible to parents so it encourages families to apply. One key to simplifying the process is making the application short, easy to understand, and simple to fill out. Another is providing assistance in filling out the application over the phone and in person. Some states have mail-in applications, and others have developed Web sites with CHIP application information for parents and community-based organizations that have computers and Internet access.

Most states have designed their CHIP applications in English and Spanish. With encouragement and assistance from a number of community-based organizations, California's application was reduced from 28 to four pages.

Family Friendly CHIP Approaches

	Presumptive eligibility		Joint application		Mail-in application		Short form (1-4 pages)	
	Yes	No	Yes	No	Yes	No	Yes	No
Medicaid expansion states								
Alaska		•	Not relevant		•		•	
Arkansas		•			•		•	
District of Columbia		•			•		•	
Hawaii		•			+		•	
Idaho		•				•		•
Illinois		•			•		•	
Indiana	•				•		•	
Iowa		•			•		•	
Louisiana		•			•		•	
Maryland		•			•		•	
Minnesota		•			•			•
Missouri		•			•		•	
Nebraska	•				•		•	
New Mexico	•				+		•	
North Dakota		•			+			•
Ohio		•			•		•	
Oklahoma		•			•		•	
Rhode Island		•			•		•	
South Carolina		•			•		•	
South Dakota		•			•		•	
Tennessee		•			•		•	
Texas		•				•	•	
West Virginia		•			•		•	
Wisconsin		•			+		+	
Separate state programs								
Arizona		•	•		•		•	
Colorado		•	•		•		•	
Delaware		•	•		•		•	
Georgia		•	•			•	•	
Kansas		•	•		•		•	
Montana		•		•	+		+	
Nevada		•		•	•		•	
New York	•		+		+		+	
North Carolina		•	•		•		•	
Oregon		•	•		•		•	
Pennsylvania		•		•	•		•	
Utah		•	•			+	•	
Vermont		•	•		•			•
Virginia		•	•		•		•	
Combination states								
Alabama		•	•		•		•	
California		•	•		•		+	
Connecticut	•		•		•		•	
Florida		•	•		•		•	
Kentucky		+	+		+		+	
Maine		•	•		•		•	
Massachusetts	•		•		•		•	
Michigan	•		•		•		•	
Mississippi		•	•		•		•	
New Hampshire	•		•		•		•	
New Jersey		•	•		•		•	

+ Application procedures vary in Utah, depending on the administration of each local Department of Health Services. Application processes in Kentucky and Wisconsin have not been finalized. Kentucky allows for presumptive eligibility but will not reimburse the provider if a child is later deemed ineligible. Montana is no longer accepting applications for its pilot CHIP program. Shortened applications will be available in Spring 1999 in California and New York, and New York's application procedures will change. Hawaii, New Mexico, and North Dakota have mail-in applications, but phone interviews are required.

Source: State plans approved by the Health Care Financing Administration as of February 2, 1999; state statutes; HCFA Web site (http://www.hcfa.gov); National Governors' Association Web site (http://www.nga.org); Center on Budget and Policy Priorities Web site (http://www.cbpp.org); state press releases and news articles. These programs are subject to change. As of February 2, 1999, Washington and Wyoming had not submitted plans to HCFA.

BEST COPY AVAILABLE

Learning what works. CHIP implementation will be greatly aided by collecting more substantial and systematic information directly from families about what strategies informed them of the availability of health insurance and motivated them to enroll their children, whether the enrollment process was positive, and whether they were satisfied with the way they interacted with the agencies. This information should then be used to reduce the procedural and administrative barriers to enrollment in traditional Medicaid and Medicaid expansions, as well as separate CHIP programs.

More Good News: Tobacco Settlements Provide Opportunity for Full CHIP Funding

All 50 states will be receiving the first installments of what will total more than $240 billion in compensation from the tobacco industry. In 1997 and the first part of 1998, Mississippi, Florida, Texas, and Minnesota settled their lawsuits against the tobacco industry, seeking compensation for the cost of providing care through Medicaid and other state-funded programs for people with smoking-related illness. These settlements totaled approximately $37 billion over 25 years. In November 1998, the remaining 46 states and the District of Columbia reached a settlement with the tobacco industry for $206 billion over 25 years. Tobacco industry payments to the states will continue beyond 25 years into perpetuity.

In 1999, the state legislatures will begin to decide how to use this new money. Many people believe that CHIP is one of the best places to spend the additional money, but CHIP will be competing with several other priorities in most states, including other programs that affect the lives of children and families. It will be vitally important for community-based organizations and for the children's health community to actively monitor and participate in state decision making about these new funds.

What's at Stake: How Will CHIP Be Evaluated?

CHIP was designed to fill insurance coverage gaps for low-income families by either increasing access to Medicaid or developing new alternative programs. CHIP was not designed as a substitute for Medicaid coverage, nor was it intended to replace private, employer-based coverage. Rather, CHIP was created as a flexible tool for states to provide health coverage to uninsured children. Thus, CHIP will be evaluated on its ability to enroll eligible children, to demonstrate that children received services as a result of having better access to care, and to improve their health status, including school readiness.

Long-term policy benefits. Beyond the direct benefits of insuring millions of additional children, CHIP should also be evaluated by its long-term policy impact. By creating new opportunities for a continuum of coverage ranging across the income spectrum from Medicaid to employer-provided benefits, many observers hope that CHIP will serve as the starting point, not the end, for a series of additional needed improvements in health care for children and all Americans.

New community collaborations for health care. CHIP implementation can also be evaluated by the degree to which the unique opportunity it presents to build a strong, diverse, and committed network of groups that collaborate on behalf of children is fully realized. New advocates for children are emerging among business, community, and religious leaders, and community-based coalitions are expanding outreach to parents, grandparents, teachers, and community leaders to ensure that eligible children are enrolled. The new legislation is transforming the way state and local governments, children's advocates, and communities work together on behalf of children and families.

New health care service delivery and outreach collaborations. Over time, better collaborations should develop between Medicaid agencies,

CHIP Outreach Strategies

CHIP outreach strategies showcase the creativity and ingenuity of the child health community and demonstrate the variety of ways to reach out to identify and enroll eligible families. Some efforts involve direct contact with families themselves and others focus on getting information to people who can help distribute applications, provide enrollment assistance, or increase public awareness about CHIP. Funding for CHIP outreach comes from the state CHIP programs, national and local foundations, national and state-based professional organizations, and private donors.

Low-cost formats for information include "home-grown" or grass-roots strategies, such as colorful posters, flyers and notes on community bulletin boards, and other public places. These materials are being distributed door to door, at child care centers and schools, at tables set up in shopping centers and malls, in laundromats and grocery stores, at athletic events, in hospitals and clinics, and everywhere that children and families can be found.

South Carolina included CHIP enrollment forms with the materials that every child takes home in the first week of school. The National Association for the Education of Young Children included information on CHIP in its national newsletter, which reaches thousands of child care centers nationwide. This is important not only to ensuring that parents of pre-schoolers find out about CHIP, but for reaching child care employees themselves, who, because of their low wages and benefits, are especially likely to have uninsured children. A number of children's hospitals and clinics have enrollment forms and application assistance available on-site.

Many community-based organizations have contacted community leaders to enlist their help in identifying eligible families and distributing materials. Teachers, counselors, athletic coaches, leaders of religious organizations, elected officials, local business owners, and others are becoming involved in outreach. The Children's Defense Fund Web site has a special section called "Sign Them Up" at www.childrensdefense.org with information on CHIP programs in every state and the District of Columbia.

Some states are providing outreach grants to community-based organizations, while others are developing contracts with public relations and marketing firms to provide outreach services. Media strategies include Public Service Announcements on local radio and cable television, programs on public access outlets, advertisements on billboards and buses, and a national toll-free telephone number that provides contact information for state programs (877-kids-now).

CHIP programs, health departments, and other public programs for children and families. With a coordinated base in the public sector, CHIP programs can reach out to managed health care systems, provider groups, human services organizations, schools, advocates, and other groups, moving states towards the national goal of family-friendly and seamless systems that promote family dignity and independence.

Leadership for collaboration has started at the top of the federal government. The Clinton administration formed an interagency children's health outreach task force and issued several directives to all federal departments and agencies that work with low-income families urging their assistance in CHIP implementation.

The Departments of Health and Human Services, Treasury, Education, Agriculture, Interior, and Housing and Urban Development, along with the Social Security Administration, have responded by conducting inventories to identify better ways to educate families about eligibility, educate federal

and state agencies about CHIP, and coordinate outreach efforts across the public and private sectors. The federal task force proposed more than 150 activities, including these:

- A national toll-free number (877-kids-now) sponsored by Bell Atlantic will direct families to programs in their state;
- The diaper-maker Pampers will include a letter on health insurance options with every child birth education package for new mothers; and
- The National Education Association and American Hospital Association will educate their members on children's insurance opportunities.

Every state should conduct similar inventories to find innovative strategies to identify children who are eligible for CHIP. For example, schools should send CHIP information home with every child. State agencies should make available CHIP information during their transactions with the general public — birth certificates, driver's licenses, fishing licenses, entry fees to state parks, and many others.

State technical assistance. Several agencies within the U.S. Department of Health and Human Services have been involved in an unusually collaborative and high-visibility program of technical assistance to develop state CHIP plans, with a focus on improved eligibility and outreach processes. Early in 1998, HHS' Health Care Financing Administration (HCFA) developed a CHIP Web site, with regular updates on the number of approved state plans, press releases, technical assistance to states in the form of "Dear State" letters, and other useful information for state and local governments and community-based organizations. HHS also held a series of meetings all across the country to help states develop their applications.

Long-term evaluation measures. Long-term success in providing health insurance to children will depend not only on CHIP program design and implementation but also on national economic and market trends. After several years of relatively stable health care costs, rates are now rising again. Working Americans may have to pay 10 to 20 percent more for premiums in 1999.[5] Small employers, who have the highest percentages of uninsured employees, may well continue to shift more of the costs of health coverage to their employees. Working parents who are not aware their children could be eligible for CHIP or Medicaid may end up dropping their children's coverage altogether.

Thus, in the next few years, for reasons completely unrelated to CHIP, the number of newly uninsured children could begin to increase again at rates comparable to those before CHIP was implemented. Again, this is not to discount in any way CHIP's enormous benefits — indeed, if these trends occur, the program will become even more important. The point is this: CHIP should be evaluated primarily on the number of previously uninsured children who subsequently gain coverage and the improvement in their access to health care. If the overall rate of uninsured children does not decline significantly because of countervailing market trends, that would be evidence for the need to provide more work supports such as subsidized child care for families; to create a more far-reaching effort of insurance reform targeted at the small group market (small businesses); or to address the problems of escalating health care costs on a broader basis.

CHIP Tracking and Accountability Systems

As cost-conscious purchasers and as stewards of public funds, state legislators, governors, and federal policy makers will be looking for good evidence about the effectiveness of CHIP in reducing the numbers of uninsured children and improving the health status of these children. First, are eligible children enrolling in CHIP programs? Once enrolled, are they able to access health care when they need it? What kinds of care do they need, and what care is being provided? And finally, how does their health improve as a result of being enrolled in CHIP? Answers to these fundamental questions will require good information from many sources.

How Do You Measure Quality Of Care?

The most commonly used set of measures of health care quality are those included as part of the Health Plan Employer Data and Information Set (HEDIS) developed by the National Committee for Quality Assurance (NCQA). The current version, HEDIS 3.0, includes 18 measures of how services are utilized by patients, 14 measures of how effective care is, 10 measures on access and availability of care, five health plan stability measures, and two measures of cost of care.

More than 25 Medicaid agencies require HEDIS 3.0 reporting from managed care organizations, and 16 states will require complete HEDIS data from organizations serving CHIP enrollees. Another 27 states will require selected HEDIS 3.0 measures, leaving only six states that will not have any HEDIS 3.0 data.

Current HEDIS measures of quality and access for children include the following: childhood and adolescent immunization rates; treatment for children's ear infections; low birth-weight babies; children's access to primary care providers and dentists; annual dental visits; availability of language interpretation services; and well-child visits for children and teens. A Pediatric Health Plan Assessment Task Force is meeting to bring new measures into HEDIS for healthy as well as special needs children.

It is critical for advocates to seek state use of HEDIS measures in evaluating CHIP, to access HEDIS data, and to use this empirical information to push for improvements in care for children — especially those in managed care.

Adequate documentation of CHIP's impact will be essential to maintaining its bipartisan support, which currently exists at all levels. Like its predecessor in incremental health care reform, the Health Insurance Portability and Accountability Act (HIPAA), CHIP must survive in a market-driven health care system and a policy environment that requires continual evidence that federal funds are having a tangible impact.

HCFA required states to report the following information on CHIP implementation by January 31, 1999:

- Total number enrolled, with separate counts for CHIP, CHIP Medicaid expansions, and Medical Assistance Programs;
- Age breakdowns for enrollees (under 1, 1 to 5, 6 to 12, 13 to 18, 19 to 20);
- Service delivery (managed care, primary care case management under Medicaid, fee-for-service); and
- Quality of care (according to each state's plan for measuring access, clinical effectiveness, integration of services in terms of coordination and continuity, cultural competence, and comprehensiveness).

HCFA's guidance to states reflects the active involvement of several federal and state officials in the design and expansion of private-sector accreditation and quality improvement measurement systems. This has occurred in collaboration with the National Committee for Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations, the Foundation for Accountability, and dozens of other research, policy, and health care provider organizations.

The goal of these collaborations is to improve the quality of care for all Americans. The Agency for Health Care Policy and Research (AHCPR), the lead HHS agency for health care quality, has sponsored studies that have found significant cost savings when clinical guidelines are implemented to improve and standardize the quality of care. For example, full implementation of the otitis media (earache) guide-

line was estimated to save more than $240 million by reducing the use of unnecessary tympanostomy tubes,[9] and thousands of children did not have to undergo an unneeded and ineffective procedure.

Reporting and monitoring health care quality measures through report cards, Web sites, and other means is the best way to provide good information for consumers and purchasers of care, including private employers as well as Medicaid agencies. This strategy of public information and accountability also applies to CHIP.

CHIP, Medicaid, and Managed Care

In 49 states, Medicaid agencies contract with managed care organizations to provide health services for their enrollees. From 1991 to 1997, the total number of Medicaid beneficiaries in managed care grew from 2.7 million to 15.3 million Americans (an increase of 500 percent).[10]

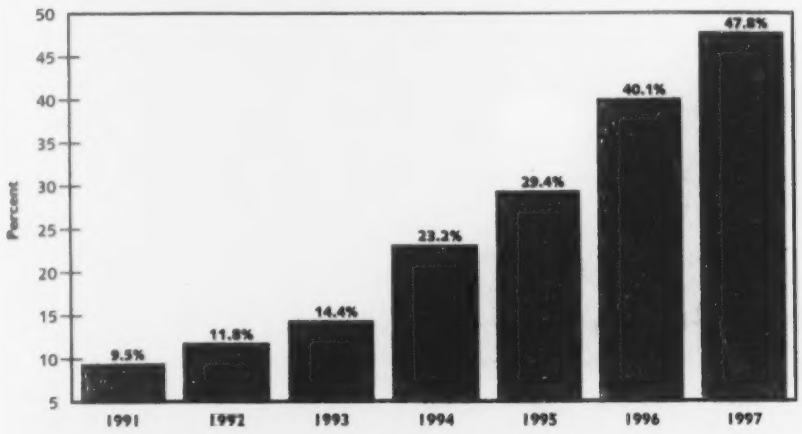
Monitoring managed care. Monitoring the quality, quantity, and nature of services provided through Medicaid has always been difficult because the program varies so much from state to state, national reporting requirements have not been explicit or enforced, and federal resources have not been used to analyze or compile state-based information. Managed care introduces a new set of monitoring issues. When Medicaid relied primarily on traditional fee-for-service providers, claims data were not monitored closely, but it was possible to assess utilization of different services. Under managed care's capitation approach (health plans are paid a fixed fee for each patient regardless of the amount of treatment he or she requires), clinical services such as well-child visits cannot be identified unless the managed care organization has an automated tracking system set up in advance. Thus, states must follow the same strategies used by private-sector purchasers, such as large employers, by writing provider contracts that specify useful reporting requirements as conditions of payment.[11]

Year 2000 concerns. The year 1999 also brings a unique set of concerns for Medicaid data managers: preparation for the year 2000 computer adjustments. A recent report of the GAO found that some states have up to six separate computerized reporting systems for Medicaid, and that more than 80 percent of the Medicaid agencies across the country were behind sched-

GROWTH OF MEDICAID MANAGED CARE

Enrollment in Medicaid managed care plans increased by 500 percent in the 1990s.

PERCENTAGE OF ALL MEDICAID BENEFICIARIES ENROLLED IN MANAGED CARE



Source: U.S. Department of Health and Human Services, Health Care Financing Administration, from http://www.hcfa.gov/medicaid/trends97.htm.

ule in implementing the recommended year 2000 changes.[12]

This time lag could have important implications concerning the availability of information on CHIP enrollment, especially for states with Medicaid expansions. Much depends on how states are designing their eligibility determination, tracking, and reporting systems.

New Legislative Developments: Managed Care Regulation and Oversight

An estimated 40 million American children are enrolled in some form of managed care.[13] The movement toward managed care affects virtually every facet of American health care, including the administrative and payment systems, consumer information and marketing strategies, research programs, and the type and quality of treatment children receive.

The best managed care organizations offer opportunities to do the following:

- Increase children's access to preventive services;
- Coordinate and consolidate care;
- Develop service delivery innovations, such as 24-hour call-in advice lines;
- Standardize and improve the quality of care through the use of expert guidelines, performance measurement such as HEDIS, and innovative use of information technology; and
- Develop integrated health-data networks that provide vital information for assessing the effectiveness of care.

But managed care rose rapidly to prominence because of its potential for cost-savings. Few consumer issues raise more heated debates than this question: Do the cost-savings from managed care come as a result of compromises in quality?

The answer depends in part on the health plan or service provider. Good managed care organizations reduce costs by improving coordination and efficiency of care and by reducing or eliminating the number of unnecessary and ineffective procedures. They also lower costs by emphasizing the use of less expensive providers, such as nurse practitioners and physician assistants rather than doctors, or by primary care physicians rather than specialists.

These approaches may be fine for consumers and families who are generally healthy. But consumers with chronic illness or who prefer or need direct access to specialty care have been particularly critical of the barriers to seeing specialists, and these obstacles in some managed care organizations have been extreme. Others complain about an impersonal approach to medical care, and some have been denied treatment they believed was essential.

As shown by national report cards, such as the Quality Compass produced by the National Committee for Quality Assurance, or the annual ratings in *U.S. News and World Report*, the quality of care provided by managed care organizations varies tremendously from plan to plan and region to region. For example, some managed care plans and networks have a shortage of pediatric specialists, which is a particular concern for children with chronic conditions and special health care needs.

Despite these and other controversies among the general public, private employers and states have moved rapidly to purchase more managed care. As noted earlier, the number of Medicaid beneficiaries enrolled in managed care increased by 500 percent between 1991 and 1997.[14] What is essential is to increase monitoring of the quality of care provided to children in managed care and to push for needed improvements.

Children's health experts participate in the development and improvement of national monitoring systems such as HEDIS (see page 41). Much work remains to be done to increase the ability to monitor access and quality of care for children. However, the majority of monitoring systems are voluntary. Unless the contracts negotiated by purchasers require specific performance measures in advance and tie payments to provision of specific information, state agencies and private purchasers are unlikely to receive information useful in evaluating the quality of care.[15]

During recent years, many states have enacted a variety of laws and regulations to address particular patient protection issues for managed care patients. But 1998 represented an important turning point in the national discussion of what the federal government's role should be in protecting those in managed care. During the past year, the Clinton administration pushed for congressional action on the Consumer Bill of Rights and Responsibilities report issued by the presidentially appointed Advisory Commission of Consumer Protection and Quality in the Health Care Industry. The Commission included 34 members from a variety of backgrounds, including consumers, businesses, labor, health care providers, health plans, state and local governments, and health care quality experts.[16]

After several months of deliberations, the Commission recommended that health care consumers should have the following rights:

- The right to receive information about health plan benefits and procedures for resolving disputes;
- The right to a choice of health care providers (including adequate numbers and types of providers participating in plans and access to qualified specialists);
- The right to emergency services when the consumer reasonably believes that emergency treatment is necessary;
- The right and responsibility to participate in treatment decisions;
- The right to receive health care in a respectful and nondiscriminatory fashion;
- The right to have confidential communications with providers and to have personal health care information maintained in a confidential manner; and
- The right to have disputes and grievances resolved with their health plan through the plan's review process, and then to seek an independent external review when disputes cannot be resolved internally.

These provisions were incorporated into several versions of "Patient's Bill of Rights" legislation that were introduced by members of both political parties. However, Congress failed to pass patient-protections legislation in 1998, with the debate mired in partisan politics and disputes such as whether patients should have the right to sue their HMO if it denies needed care.

On a positive note, several bills did include at least some significant managed care protections specifically designed to meet the health care needs of children. Examples of these proposals include:

- Giving families the right to choose a pediatrician as the primary care provider for their children;
- Requiring that managed care plans give children access to specialists who have pediatric expertise;
- Letting children with chronic conditions have their specialist be the primary care provider, rather than forcing families to seek a referral each time they see their child's specialist;
- Having pediatric specialists review grievances and appeals involving the health care needs of children (specialists with no or little pediatric specialty experience may not be knowledgeable about pediatric care issues); and
- Requiring managed care plans to provide information on their track record of treating children.

The prominence of the Patient's Bill of Rights as a political issue and changes in the make-up of the 106th Congress increase the likelihood of positive legislative action in 1999. That makes it all the more important for specific children's protection provisions, such as those cited above, to be included in any bill passed by the Congress.

While millions of children in private-sector managed care plans await enactment of such legislation, the Clinton administration published proposed regulations in 1998 to give important protections to the millions of children in Medicaid managed care. These proposed Medicaid managed care regulations were required by the Balanced Budget Act of 1997, which gave states

Selected maternal and infant health indicators, by race and ethnic origin of mother, 1996

Characteristic	All races	White	Black	Native American	Asian, Pacific Islander	Hispanic
Percent						
Early prenatal care*	81.9%	84.0%	71.4%	67.7%	81.2%	72.2%
Late or no prenatal care**	4.0	3.3	7.3	8.6	3.9	6.7
Low birthweight***	7.4	6.3	13.0	6.5	7.1	6.3
Very low birthweight****	1.4	1.1	3.0	1.2	1.0	1.1
Births to teens	12.9	11.3	22.8	20.9	5.3	17.4
Births to unmarried women	32.4	25.7	69.8	58.0	16.7	40.7
Births to mothers who have not completed high school	22.4	21.6	28.2	33.0	15.0	51.4
Per 1,000						
Infant mortality rate*****	7.3	6.1	14.1	10.0	5.2	6.1

*Care begun in the first three months of pregnancy.
**Care begun in the last three months of pregnancy, or not at all.
***Less than 2,500 grams (5 lbs., 8 oz.).
****Less than 1,500 grams (3 lbs., 4 oz.).
*****Infant deaths per 1,000 live births. These rates are from the linked birth-death files for 1966, and differ somewhat from other infant mortality rates published by the National Center for Health Statistics.
Note: Persons of Hispanic origin can be of any race.
Source: National Center for Health Statistics.

the freedom to require Medicaid beneficiaries to enroll in managed care without the states having to seek federal permission through a formal waiver.

The proposed Medicaid managed care regulations would:

- Require that information managed care plans make available to enrollees be easily understood and available in prevalent languages spoken in the areas served by the managed care plans;
- Require that Medicaid beneficiaries be given a choice of at least two managed care plans if they are required to enroll in managed care;
- Define the circumstances in which Medicaid beneficiaries can terminate or change their managed care enrollment and list the requirements states must meet to choose providers for beneficiaries who do not make their own choice ("default enrollment");
- Require managed care plans to be accurate in marketing materials designed to attract people to enroll and prohibit such practices as door-to-door marketing;
- Ensure that managed care enrollees can seek emergency services without prior authorization when they reasonably believe those services are necessary (the "prudent layperson" criterion);
- Ensure that managed care plans have adequate numbers of physicians and nurses to provide preventive services, primary care services, and specialty services to the expected number of enrollees;
- Give enrollees the right to participate in health care decision making and to receive information on available treatment options and treatment alternatives; and
- Establish grievance procedures within managed care plans and then an appeals mechanism outside the plan through a fair hearing process.

While these proposed Medicaid managed care regulations represent a significant step forward in protecting Medicaid beneficiaries, they will require

further refinement to better meet the unique health care needs of children. The regulations are expected to be revised and finalized by late spring or early summer 1999.

Progress Towards Healthy People 2000 Goals

Twenty years ago, the U.S. Department of Health and Human Services initiated the process of setting national objectives and performance measures for health promotion and disease prevention. This initiative, known as *Healthy People 2000*, has involved thousands of individuals in federal and state government, volunteer and professional organizations, businesses, and other groups. It was the national prototype for the kinds of performance measurements, outcome assessments, and consumer report cards currently used by many managed care organizations.

The *Healthy People 2000* framework involves more than 300 national objectives in 22 priority areas. These objectives include increasing life span, reducing health disparities, and improving access to preventive services. Approximately 200 different data sources are used to track *Healthy People 2000* objectives, including national surveys conducted by several federal agencies. The initiative serves as the national score card in monitoring health status, identifying areas where improvements are occurring, and determining where better information and new data systems are needed.

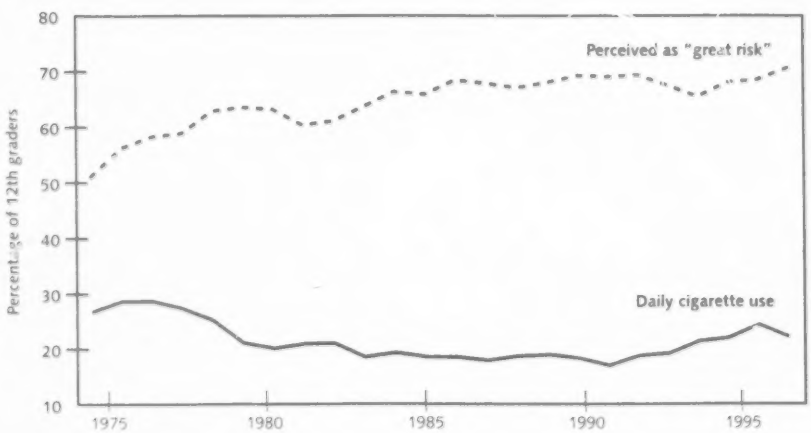
Even though the nation has not met all of the *Healthy People 2000* goals, many of the overall trends are moving in the right direction. According to the most recent data:[17]

- Infant mortality has reached an all-time low, at 7.1 deaths per 1,000 births. However, the infant mortality rate is still more than twice as high for Black children as for White children.
- The percentage of low-birthweight infants remained steady at 13 percent for Black mothers, although it rose among White mothers (mostly because of an increase in multiple births due to fertility drugs).
- The teen birth rate is down for the sixth year in a row (52.9 births per 1,000 females 15 to 19 years of age).

TEEN SMOKING

As teen perceptions of risks of smoking increase, cigarette use decreases.

TRENDS IN DAILY CIGARETTE USE AND ATTITUDES AMONG 12TH GRADERS



Source: University of Michigan, Monitoring the Future.

On the flip side, one of the more alarming issues in public health is teen smoking. Smoking can become a lifelong addiction, increasing the probability of developing heart disease, strokes, or cancer. Hopefully, state tobacco settlements' (somewhat limited) restrictions on industry marketing to children, combined with their funding of massive, unprecedented teen anti-smoking campaigns, will reduce the number of teen smokers.

Highlights of New National Health Goals for 2010

In mid-1999, after several years of development and several months of public comment, *Healthy People 2010* will be adopted as the nation's next set of national objectives. The *Healthy People 2010* framework recognizes advances in preventive therapies, vaccines and pharmaceuticals, and computerized data systems, as well as new ways in which public health departments and health care delivery organizations are working together. It also recognizes the importance of personal health behaviors — such as smoking, nutrition, and physical activity — in maintaining health and preventing disease.

The U.S. Department of Health and Human Services — and particularly the Surgeon General — also will seek to provide leadership in eliminating racial and ethnic disparities in health status. It is well-documented that Black, Hispanic, and Native American children lag behind in several key areas of children's health, including insurance coverage, low birthweight, elevated blood lead, oral diseases, preventable hospitalizations, and teen smoking. With better information on these disparities, resources can be directed to the communities and families where the risk is greatest.

Vaccines for Children: A Success Story

The *Healthy People 2000* goal of increasing immunization levels of children under two to 90 percent was boosted enormously by the federal Vaccines for Children (VFC) program, which has proven a major success in improving children's health. Before VFC was initiated in 1993, responsibility for childhood immunizations was scattered and diffuse, depending primarily on insurance coverage and children's access to providers. As a result, immunization rates were appallingly low across the nation. In 1992, just over half (55.3 percent) of two-year-olds were fully immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella, and polio.[18]

Part of the reason for such low immunization rates was the cost of the vaccines. Some private insurance policies covered immunizations as part of an array of preventive services while others did not. Physicians in private offices had to pay for vaccines up front and hope that Medicaid would reimburse them or that the parents of the uninsured children would be able to pay for the vaccines. Because of this, Medicaid-enrolled and uninsured children were often referred to public health clinics for their immunizations, damaging continuity of care and resulting in missed opportunities to protect them from contagious diseases.

At the strong urging of CDF and many allies, the Vaccines for Children Act was enacted by Congress and signed by President Clinton in 1993. VFC buys vaccines at a federally negotiated price and then distributes the vaccines, free of charge, to individual physicians in private, office-based practices. Because states no longer have to use Medicaid matching funds to buy vaccines for Medicaid-enrolled children, and because VFC-purchased vaccines have reduced the need for states to supply vaccines to public health clinics, states have had much greater financial flexibility to improve access to immunization.

States have also received federal public health grants to implement successful immunization strategies, such as:

- Conducting outreach and public awareness campaigns;
- Extending clinic hours;
- Establishing immunization appointment reminder systems;
- Conducting computerized tracking of immunization status; and

- Collaborating with other publicly supported programs such as WIC (the Women, Infants, and Children nutrition program).

In addition, because VFC provides the vaccines to physicians for their uninsured and Medicaid-eligible children, physicians are more likely to immunize these children in their offices rather than referring them to a public health clinic.

The result of these activities is significant improvement in immunization rates. Between 1992 and 1997, there was a 33 percent increase in the number of fully immunized two-year-olds. In 1997, more than three-quarters of two-year-olds were fully immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella, and polio.[19] In addition, the introduction of the *Haemophilus influenzae* type b vaccine in 1990 to the standard series of immunizations for young children was greatly aided by VFC. Since 1993, the incidence of Hib invasive disease (which can cause ear infections or meningitis) has declined over 95 percent in children under five years of age.[20]

Moving Forward: A 1999 Agenda for Action

A wide variety of steps should be taken at the federal, state, and community levels to further advance the cause of a Healthy Start for all children. Over the long term, the goals are to make sure that 100 percent of the uninsured children in America receive some form of health insurance and that all children have access to quality health care. To continue making progress towards those goals, the following is an action agenda for child and public health advocates and all concerned citizens:

Make health systems serving children and families seamless and family-friendly:

- Shorten application forms for CHIP and Medicaid and develop joint application forms whenever possible.
- Encourage states to allow group eligibility determination so families that have already qualified for one program become automatically eligible for programs with similar income requirements.
- Encourage states to provide one year of continuous coverage and presumptive eligibility for Medicaid programs (meaning that the child can be enrolled at the time of application with no waiting period on the assumption that the child is eligible without requiring written documentation of family income or assets).
- Ensure that CHIP's cost-sharing provisions are affordable to families.
- Initiate comprehensive outreach programs designed to make the parents or guardians of every eligible child aware of CHIP, involving the child care and Head Start communities, schools and universities, churches, synagogues, mosques, temples, athletic organizations, local government, and community leaders.
- Help multiple state agencies serving the same low-income families to identify ways in which they can share information and coordinate their programs and services to support working families.

Engage the private sector and build on private-sector strategies:

- Work with employers, Chambers of Commerce, and local business groups to help identify families with children who may be eligible for CHIP.
- Work with health plans that have special children's initiatives and encourage health plans, networks, and provider groups to provide low-cost insurance products and subsidized insurance coverage.
- Support the development of purchasing coalitions at the state and local level, so small employers can gain the same price advantages as large corporations and family health coverage becomes more affordable.
- Work with business groups and purchasing coalitions to define new child-specific insurance benefits and negotiate affordable rates.

Pass a Patients' Bill of Rights that is responsive to children's needs:

- Work with members of Congress to ensure that federal legislation protecting consumers enrolled in managed care organizations addresses concerns that are specific to children and families.
- Become familiar with state consumer protection legislation and services, including hotlines or other consumer services sponsored by the state insurance department.

Implement effective monitoring of managed care protections for children in Medicaid managed care:

- Work with state Medicaid agencies and health departments to ensure that health plans serving children enrolled in CHIP and Medicaid report standardized information on quality and access to care.
- Review and comment on the federal government's proposed Medicaid managed care regulations, offering specific suggestions about child-specific protections.

Work to eliminate racial disparities in access to care and health status:

- Assist state health departments and other agencies in collecting data that will identify communities with higher health risks.
- Improve outreach and increase community involvement in strategies to improve the quality of life in high-risk communities.
- Become involved in task forces and coalitions addressing cultural competence in health care delivery.

Help to improve the quality and availability of public information:

- Encourage your state to sponsor surveys that identify where uninsured children live, so that outreach strategies can be targeted to those communities.
- Encourage health plans participating in Medicaid and CHIP to release report cards with information on access, utilization, and quality of care provided.
- Promote the *Healthy People 2010* initiative by linking to its Web site (http://web.health.gov/healthypeople).

Endnotes

1. Edmunds, M., & Coye, M. (1998). America's children: Health insurance and access to care. Washington, DC: National Academy Press. Available on the Internet at www.nap.edu

2. Before the CHIP legislation was passed, Massachusetts already had a buy-in program with a sliding scale and no upper income limit.

3. Current Population Survey. (1998, March). Washington, DC: Census Bureau. Calculations by the Children's Defense Fund.

4. Health Care Financing Administration. (1999, January). HCFA 2082 data. FY 1997. Available on the Internet at www.hcfa.gov.

5. Jensen, G., & Morrisey, M. (1997). Small group reform and insurance provision by small firms, 1989-1995. Menlo Park, CA: Kaiser Family Foundation.

6. Current Population Survey. (1998, March). Washington, DC: Census Bureau. Calculations by the Children's Defense Fund.

7. National Association of Attorneys General. Tobacco settlement summary. Retrieved from the Internet, www.naag.org, Nov. 18, 1998.

8. Freudenheim, M. (1998, Nov. 2). Employees facing steep rises in health care costs. The New York Times, pp. A1, A26.

9. Agency for Health Care Policy and Research, Otitis Media Guideline Panel. (1994). Otitis media and effects on young children (Clinical Practice Guideline No. 12). Rockville, MD: Public Health Service.

10. Kaiser Commission on Medicaid and the Uninsured. (1998, January). Medicaid and managed care: Medicaid facts. Washington, DC: Henry J. Kaiser Family Foundation. Available on the Internet at www.kff.org.

11. Edmunds, M., & Coye, M. (1998). Systems of accountability: Implementing children's health insurance programs. Washington, DC: National Academy Press. Available on the Internet at www.nap.edu.

12. U.S. General Accounting Office. (1998, November). Year 2000 computing crisis: Readiness of state automated systems to support federal welfare programs (Report GAO/AIM-99-28). Washington, DC: Author.

13. Simpson, L., Kamerow, D., & Fraser, I. (1998). Pediatric guidelines and managed care: Who is using what and what difference does it make? Pediatric Annals, 24(4), 234-240.

BEST COPY AVAILABLE

14. Kaiser Commission on Medicaid and the Uninsured. (1998, January). Medicaid and managed care: Medicaid facts. Washington, DC: Henry J. Kaiser Family Foundation. Available on the Internet at www.kff.org.

15. Rosenbaum, S., Shin, P., Smith, B., Wehr, E., Borzi, P., Zakheim, M., Shaw, K., Silver, K., & Johnson, K. (1997, February). Negotiating the new health system: A nationwide study of Medicaid managed care contracts. Washington, DC: George Washington University Center for Health Policy Research; Edmunds, M., & Coye, M. (1998). Systems of accountability: Implementing children's health insurance programs. Washington, DC: National Academy Press. Available on the Internet at www.nap.edu.

16. Advisory Commission on Consumer Protection and Quality in the Health Care Industry. (1998). Quality first: Better health care for all Americans. Washington, DC: U.S. Government Printing Office.

17. Guyer, B., MacDorman, M., Martin, J., Peters, K., & Strobino, D. (1998). Annual summary of vital statistics, 1997. Pediatrics, 102(6), 1333-1349.

18. Centers for Disease Control and Prevention. (1994, April 22). Vaccination coverage of 2-year-old children—United States, 1992-1993. Morbidity and Mortality Weekly Report, 43(15), 282-283.

19. Centers for Disease Control and Prevention. (1998, July 10). National, state, and urban area vaccination coverage levels among children aged 19-35 months—United States, 1997. Morbidity and Mortality Weekly Report, 47(26), 547-554.

20. Smithsee, L., Stefonek, K., Fleming, D., et al. (1998, Nov. 27). Centers for Disease Control and Prevention. Progress toward eliminating Haemophilus influenzae Type b disease among infants and children—United States, 1997. Morbidity and Mortality Weekly Report, 47(46), 993-998.

CHAPTER 3

CHILD CARE

Child care is a major challenge for American families and, most important, for their children.

Every day, millions of American parents rely on child care so they can work, and so their young children can receive the early educational experiences that are so vital to future success in school. Millions more parents need after-school programs for their school-age children to involve them in productive activities and keep them out of trouble. However, at every step of the way, families needing child care or after-school programs must confront a host of obstacles:

- At annual costs ranging from $3,000 to $8,000 a year per child for a four-year-old in urban child care centers[1] and comparable costs for children elsewhere, child care is financially burdensome for most families. One out of three families with young children earns less than $25,000 a year[2] and cannot afford child care. National studies indicate major gaps in the quality of both center-based and family child care.
- While the first three years of life is critical to brain development, quality infant and toddler care is almost always hard to find. Recent research on the brain development of children has shown that how children grow and develop depends on the interplay between nature (the child's genetic development) and nurture (which includes their nutrition, surroundings, care, and stimulation). Child care resource and referral programs, which help families find child care, report that communities across the country face serious shortages of infant care.
- While nearly five million school-age children are home alone each week when school is over, after-school programs simply do not exist in too many communities. This presents parents who must work until 5:00 p.m. or later with a difficult dilemma. A 1990 study found that eighth-graders left home alone after school were more likely to use tobacco, alcohol, and marijuana, as well as engage in other risky behaviors, than their adult-supervised peers.[3]

The impact of these problems cuts across all boundaries of American society. Changes in the economy require both parents in many two-parent households to work full-time jobs to make ends meet. And in single-parent households, the need for quality child care and after-school activities is self-evident.

A Crisis for Lower-Income Working Families

At the lower levels of the economic ladder, child care is often more than a problem or challenge. It can be a genuine crisis for families.

Wage pressures and changes in the welfare law make it impossible for one parent to stay home with young children in most families. Consider:

- One out of three children of working mothers either is poor despite the fact that their mothers work or would be poor if their mothers did not work.[4]
- A significant number of mothers in the labor force provide the primary or sole financial support for their children. In 1998, 28 percent of all mothers in the labor force with children younger than six were single parents.[5]

But while the need for child care is greater among low-income working families than the population as a whole, access to the kinds of high-quality programs capable of preparing their children for school is much lower. Only 36 percent of children who are between the ages of three and five but not yet in kindergarten, living in families earning less than $15,000, are enrolled in prekindergarten, compared with 61 percent of children the same age whose parents earn $50,000 and above.[6]

High costs. The primary reason for this disparity is cost. The average annual cost of care for a four-year-old in an urban-area child care center exceeds the average annual cost of public college tuition in almost every state, according to a recent Children's Defense Fund report, *The High Cost of Child Care Puts Quality Care Out of Reach for Many Families*. In cities in 15 states, child care costs *twice as much* as college tuition.[7] In the 23 states with the highest child care costs in urban areas, a family with an infant and a four-year-old, with both parents working full time at the minimum wage ($21,400), would spend *half of its income* on child care.[8] And the situation is even worse for families with younger children, as the cost of care is greatest for children under two years of age.

Low wages. Unfortunately, the cost problem cannot be remedied by asking child care providers to lower their prices. A study by the Center for the Child Care Workforce, *Worthy Work, Unlivable Wages: The National Child Care Staffing Study, 1988-1997*, documents that most child care providers already operate on exceptionally tight budgets. The largest portion of a family child care home or a child care center budget is dedicated to staff salaries, which are already unacceptably low.[9]

According to the report, teachers at the lowest-paid level earn an average of $13,125 per year, while teaching assistants at the lowest paid level earn an average of $10,500 annually.[10] As a result, child care centers continue to experience very high turnover of teaching staff, which, in turn, threatens their ability to offer quality care. More than one in four child care teachers and 39 percent of assistants left their jobs over the course of a year.[11] And centers employing people moving from welfare to work are more likely to pay lower wages across all positions and to experience higher turnover.[12]

Quality care is the key to our children's future. Low wages and high turnover inevitably have an adverse impact on quality. A series of recent studies reaffirms that the quality of early child education is critical to determining whether children enter school ready to learn.

Analyzing evaluations of a significant number of high-quality pre-school and early intervention programs, the Rand Corporation study, *Investing in Our Children*, concludes that carefully targeted efforts have a long-lasting impact on a child's ability to succeed in school and in life. Children who participated in these programs exhibited gains in emotional and cognitive development. There were many other benefits as well: increases in parents' economic self-sufficiency, reduced rates of criminal activity, and improvements in children's health.[13] A follow-up study confirms the importance of high-quality care, finding that children who receive it demonstrate better language, pre-academic, and social skills than children in low-quality care.[14]

Low-income families are locked out. To resolve the twin problems of the lack of quality child care and high costs for low-income families, more child care assistance should be readily available. However, only very limited help is currently

offered. A 1998 CDF study, *Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families*, found that most states cut off their eligibility for child care assistance at levels too low to make a serious dent in the problem.[15] Nearly four out of five states place the cut-off at 200 percent of the poverty level or lower ($26,660 for a family of three/HHS).

But that is only a small part of the story because even low-income working families who are eligible for child care assistance frequently cannot get help. Approximately half of the states turn away eligible families or put them on waiting lists. The high waiting list numbers are only one measure of the current system's inability to meet the needs of low-income working families. Most families do not even know child care is available as few states have made serious efforts to reach out to these families. Forty-three states told CDF that if all eligible families sought services, they were not confident they would have the resources to serve them.

Families that do know they are eligible for assistance but are placed on waiting lists face many hardships. A recent study by the Day Care Services Association of North Carolina found that 78 percent of respondents on the state's waiting list for child care help experienced financial problems.[16] Once they received help, it made a significant difference. Eighty-three percent of respondents who did receive a child care subsidy said that the subsidy improved either the quality or reliability of their children's care.

While the study demonstrates the positive impact child care subsidies can have for families fortunate enough to receive assistance, in too many communities, the relatively few families actually receiving child care assistance still cannot purchase quality child care that meets their needs. This is because many states set child care subsidies at unrealistically low rates. As a result, parents either are limited in their choice of providers who will serve their children, or they must pay providers additional fees to cover their charges. In 1998, only 18 states set rates that would enable parents to afford the fees charged by three-quarters of local child care providers.[17]

Facts

- Each day, an estimated 13 million preschoolers—including six million babies and toddlers—spend some or all of their day being cared for by someone other than their parents.
- Head Start is serving only two out of five children who are eligible to participate.
- Even though approximately 1,500 hours of training at an accredited school is required to qualify as a licensed haircutter or manicurist, 32 states do not require teachers in child care centers to have any early childhood training prior to serving children.
- Only a minority of employees have access to benefits such as information and referrals for child care (20 percent), child care assistance (13 percent), or child care services (11 percent) through their jobs.
- Although it is often thought that juvenile crime occurs mostly on evenings and weekends, violent juvenile crime actually peaks between 3:00 and 7:00 p.m.—the after-school hours when many children are unsupervised.
- In a recent survey, 86 percent of Americans said that child care should be available to all low-income families so that parents can work.

Figures

High demand, limited supply. Despite such inadequate financial assistance, the need for child care among low-income working families is growing. Between 1989 and 1996 the number of children in working-poor families increased from 4.3 million to 5.7 million.[18] However, indications are that the supply of child care has not grown to match the demand. A recent study of child care in Massachusetts found limited availability of center-based care, especially full-day care, in low-income neighborhoods.[19] The supply of family child care was also found to be more limited than in higher-income neighborhoods. The current welfare law makes this situation all the more troubling, because mothers leaving Temporary Assistance for Needy Families (TANF) must have reliable child care arrangements not only to get jobs but to keep them over a long period of time.

The lack of center-based care poses a particularly severe problem. A recent study, *The Effectiveness of the Postemployment Services Demonstration Project: Preliminary Findings*, suggests that parents who use non-relative care or other types of formal or center-based care for their pre-school children are employed for longer periods of time than those who rely on relative care. The median length of employment for those with relative care was eight to nine months, compared to between 13 and 16 months for those with other forms of child care.[20]

The American People Demand Solutions

Clearly, millions of families face gaps in child care, particularly the working poor. These gaps cry out for action at the national, state, and local levels, as well as in the private sector. With our children's future success in school and life at stake, and with parents' ability to meet the twin demands of bread-winning and child-raising hanging in the balance, all elements of society must come together to meet this challenge.

The American people agree. A pre-election poll sponsored by CDF and the Child Care Action Campaign found that 73 percent of Americans believe the federal government should provide financial assistance to working families to help pay for child care, since the government already provides working families with financial assistance to help pay for their children's college tuition. Sixty-eight percent said they were extremely likely or very likely to vote for a candidate for office who

STATE REQUIREMENTS FOR CHILD/STAFF RATIOS IN CHILD CARE CENTERS FOR 18-MONTH-OLD CHILDREN (AS OF JUNE 1998)

Twenty-eight states allow child/staff ratios in child care centers that fail to meet the recommendations of the National Association for the Education of Young Children (NAEYC) for 18-month-old children.

States with child/staff ratio requirements that meet NAEYC recommendations (3:1 to 5:1)
State meets NAEYC recommendations (3:1 to 5:1 ratio)
State does not meet NAEYC recommendations

Source: The Center for Career Development in Early Care and Education at Wheelock College Based on data provided by Work/Family Directions, Inc.

supports child care and pre-school activities so that all children can enter school ready to learn. And 80 percent believe that if Congress provides new tax breaks to middle-income families, it should also provide child care assistance for low-income working families.

A poll conducted in late August 1998, sponsored by the Mott Foundation, found striking support for after-school programs. Four of every five respondents said they would be willing to raise their taxes to fund after-school programs in their communities. This support crossed party lines and was equally strong between parents and non-parents.

A December poll sponsored by the Kellogg Foundation also found overwhelming (86 percent) public support for child care help for low-income working parents.

Limited action at the federal level. With this burgeoning public concern as a backdrop, child care emerged as a major issue on the national political scene in 1998. At the start of the year, President Clinton advanced a five-year, $21.7 billion child care proposal that combined increased funding for the major child care program, the Child Care and Development Block Grant (CCDBG), gradual increases in the Head Start program, and tax breaks targeted to lower- and middle-income families.

While Congress did not pass the funding increases necessary to support the bulk of the President's proposal, it did show strong support for making substantial new investments in child care and after-school activities. The debate came to a head during Senate consideration of the comprehensive tobacco control bill. Sens. John Kerry (D-Mass.) and Christopher Bond (R-Mo.) offered an amendment earmarking $5 billion to $6 billion of tobacco revenues for child care and after-school programs. It passed overwhelmingly by a vote of 66 to 33.

Unfortunately, the tobacco bill was pulled from the Senate floor before final action (not because of the child care amendment but for a variety of other reasons, prime among them Big Tobacco's heated opposition). As a result, major new investments in child care were not made at the federal level in 1998.

However, Congress did take some modest steps last year to increase families' access to quality child care by:

- Appropriating an additional $173 million in CCDBG funds targeted to quality improve-

STATE REQUIREMENTS FOR CHILD/STAFF RATIOS IN CHILD CARE CENTERS FOR FOUR-YEAR-OLD CHILDREN (AS OF JUNE 1998)

Thirty-three states have child/staff ratio requirements that fail to meet the recommendations of the National Association for the Education of Young Children (NAEYC) for four-year-old children.

Source: The Center for Career Development in Early Care and Education at Wheelock College. Based on data provided by Work/Family Directions, Inc.

States Where the Average Annual Cost of Child Care for a Four-year-old in an Urban Area Center Is Twice the Average Annual Cost of Public College Tuition

State	Urban area	Average annual cost of child care for a four-year-old in a center	Average annual cost of public college tuition
Alaska	Anchorage	$5,784	$2,552
Arizona	Tucson	4,188	2,009
California	Alameda County	6,032	2,731
Florida	Urban counties	3,844	1,789
Georgia	Atlanta	4,992	2,244
Hawaii	Honolulu	6,188	2,298
Idaho	Boise, Ada County	4,354	1,973
Kansas	Kansas City and Johnson County	5,200	2,223
Nebraska	Omaha	4,940	2,269
Nevada	Washoe County (Reno)	4,420	1,814
New Mexico	Albuquerque metro area	4,190	2,016
North Carolina	Wake County	5,068	1,841
Oklahoma	Tulsa, Oklahoma, Cleveland, and Canadian counties	4,056	1,936
Washington	Seattle	6,136	2,928
Wisconsin	Dane County	6,240	2,747

*Sources: Data on child care costs collected from local resource and referral agencies through a joint survey by the Children's Defense Fund and the National Association of Child Care Resource and Referral Agencies, February 1998. Data on average university costs from U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS), "Fall Enrollment" and "Institutional Characteristics" surveys, October 1997.

ments, nearly doubling the funding available to states to improve child care standards, expand resource and referral programs, train child care providers, hire additional inspectors, and expand the supply of child care;

- Investing $10 million in child care research;
- Authorizing new funds in the Higher Education Act for loan forgiveness for individuals who earn degrees in early childhood education and work in child care programs located in low-income neighborhoods; and
- Appropriating $5 million to begin a new program to support child care centers, based on college campuses, that serve low-income children.

Unfortunately, these steps forward were overshadowed by a $390 million cut in the Title XX Social Services Block Grant, which almost four out of five states use to fund child care.

Progress was made in funding after-school programs and child nutrition programs. The budget for the 21st Century Learning Centers Program, which finances school-based after-school initiatives, was increased five-fold from $40 million to $200 million. This year, President Clinton has proposed tripling it to $600 million (see ahead for more information).

Improvements were made in the Child and Adult Care Food Program, especially for older children and youth in after-school programs, as part of the reauthorization of the Child Nutrition Act. Young people between 13 and 19 years of age will now be able to receive a snack in after-school programs located in low-income neighborhoods, whether run by community-based organizations or

Labor Force Participation of Women with Children Under Age 6, Selected Years

Year	All women in the labor force		Married women in the labor force	
	Number	Percent	Number	Percent
1950	—	—	1,399,000	11.9%
1955	—	—	2,012,000	16.2
1960	—	—	2,474,000	18.6
1965	—	—	3,117,000	23.2
1970	—	—	3,914,000	30.3
1975	—	—	4,518,000	36.7
1980	6,538,000	46.8%	5,227,000	45.1
1985	8,215,000	53.5	6,406,000	53.4
1990	9,397,000	58.2	7,247,000	58.9
1998	10,619,000	65.2	7,655,000	63.7

— Data not available

Source: U.S. Department of Labor, Bureau of Labor Statistics.

schools. In other neighborhoods, only school-based programs will be eligible to receive funding to provide snacks for older children.

After-school programs in low-income neighborhoods have an added incentive to provide snacks to children and youth up to age 19. Children enrolled in after-school programs located in these areas will now receive a free snack regardless of their family's income. This not only reduces the paperwork burden of filling out separate income eligibility tests for each child, but also provides additional resources to school-age programs in neighborhoods that need them the most.

New opportunities for child care services during the summer months are now possible because of improvements made in the Summer Food Service Program, which reimburses summer child care programs for food, meal preparation, and paperwork costs for meals and snacks served to children. The act raised the limit on the number of Summer Food Service Program sites a non-profit organization can operate from five in urban areas and 20 in rural areas to 25, regardless of the location. The limit on the total number of children that can be served was also eliminated. In addition, the Child Nutrition Reauthorization ensured that more homeless children will receive adequate nutrition by allowing homeless shelters to receive funding from the Child and Adult Care Food Program to serve meals and snacks to children age 12 and under.

Finally, Head Start was reauthorized in 1998 with a renewed emphasis on enhancing the quality of the program and reading readiness. Half of all Head Start teachers must have an associate or comparable degree by the year 2003. The program received a $313 million boost in funding as well. However, a major portion of new funds are now reserved for quality improvements. While this will be beneficial, the restriction, combined with the modest increase in overall funding, leaves little room to serve additional children.

Promising initiatives at the state level. While increased federal funding is essential, it is apparent that many of the solutions to the child care crisis will have to come from state government. A number of states did step up to the challenge in 1998 not only to help more families afford child care, but also to ensure that children receive the quality care they need to enter school ready to learn and ready to succeed. The following is a summary of the most significant efforts:

California: California's electorate took one of the boldest steps by approving Proposition 10, the

Waiting Lists for Child Care Subsidies, Selected States, January 1999

State	Number
Georgia	24,700 families (44,500 children)
Massachusetts	17,200 children
Minnesota	6,600 families
Pennsylvania	12,600 children
Texas	36,000 children
Virginia	2,400 families

Source: Children's Defense Fund survey

California Children and Families Initiative, a measure which will raise approximately $750 million per year from a 50-cents-per-pack tax on cigarettes to help local communities strengthen and expand early childhood services for children from the prenatal stage to age five.

Under this initiative, spearheaded by noted film director Rob Reiner, local collaboratives in California counties will assess what additional supports children and families need to get off to a good start in life. The range of activities that could be funded, depending upon the recommendations of the collaboratives, could include improving caregiver salaries, home visits, linking health and child care services, and directly enhancing child care programs.

North Carolina: North Carolina, which pioneered the concept of providing local communities with the tools and the resources they need to support young children through its Smart Start program, increased funding last year by $42.5 million. This expansion allows every county or group of counties to have a Smart Start program in place. The program provides funding to local collaboratives to assess the gaps in early childhood development and to support initiatives to fill these gaps, such as expanded child care subsidies, increased support to child care programs meeting quality standards, and family support and parental education initiatives.

Missouri: Missouri took a different approach to improving the quality of child care by creating an Early Childhood Development Care and Education Fund. The bulk of an estimated $21 million from riverboat gambling funds will be made available to school districts and community-based organizations to provide high-quality pre-school programs. Funds also will be available for child care vouchers for families to raise reimbursement rates for accredited providers and to help parents of children under three, who would otherwise be eligible for child care subsidies, to stay home if that is their preference.

Rhode Island: Through its Starting Right legislation, Rhode Island took a comprehensive approach to improving child care opportunities for its families, especially for low-income working parents. The state raised its guarantee of child care assistance for families from 185 percent of the poverty level to 250 percent. This will take place by July 1, 1999, at which point a family of three with an income of approximately $33,325 will be entitled to help in paying for child care.

The state also acknowledged that parents cannot choose from a wide range of quality providers if their child care subsidies are at rates that are well below the market. That is why the bill accelerated rate increases planned for January 2000 so that they will be effective on July 1, 1999. Child care providers will receive an additional rate increase averaging 33 percent on January 1, 2000.

In the same package, the state continued on its path of providing health benefits to child care providers by offering partial health insurance subsidies to employees of licensed child care centers serving low-income children who receive child care assistance. By July 2000, those centers in which at least 30 percent of children receive child care assis-

tance will qualify for the health insurance subsidies. Centers will be required to pay half of the monthly premiums.

Finally, Rhode Island will increase the number of Head Start slots or child care slots with comprehensive services to cover an additional 700 low-income children. Funds will also be allocated for starting up new child care initiatives where there is a special need, such as infant care, care during non-traditional hours, and care for parents with alternating work schedules.

Illinois: Illinois, which currently guarantees child care assistance to all families earning up to approximately $24,000 a year in earned income, made major improvements on two fronts. The first will help improve the quality of care. Spurred by a coalition of child care advocates, police, prosecutors, public health officials, and doctors, the state allocated funds to hire 75 additional licensing staff—a 40 percent increase—to examine and certify child care facilities. This will allow Illinois to meet its requirement of an annual inspection visit to every child care center in the state. New requirements also ensure that licensors receive the early childhood training they need to do an effective job and give parents easier access to information about a child care program's past history of violations through a toll-free telephone number.

Second, Illinois began to address extremely outdated reimbursement rates for providers by allocating approximately $39 million annually to raise the rates paid to child care providers for children eligible for state subsidies. This will give some providers a nearly 50 percent increase in reimbursement.

Use of TANF funds for child care. A number of states recognized that their growing surplus of funds under the Temporary Assistance to Needy Families (TANF) Act could be put to good use by helping families pay for child care, so they have the support they need to get and hold decent jobs and stay off cash assistance. ***Florida*** will transfer a total of $117.6 million from TANF to its child care program; $75 million of these funds will help to eliminate a waiting list of more than 20,000 children who are eligible but do not yet receive child care subsidies. ***North Carolina*** moved $66 million from TANF to the Child Care and Development Block Grant.

Support for prekindergarten programs. States continue to support prekindergarten programs, either by investing in state initiatives or by supplementing the federal Head Start program with state dollars. Some state initiatives remain limited in scope and offer care for only a few hours each day, making it of limited use to families where parents work outside the home and hampering the recruitment of children. However, other states have launched exemplary efforts.

Massachusetts takes a holistic approach to prekindergarten through its Community Partnership Program. This allows communities to determine what approach will work best in their area for expanding prekindergarten programs serving three- and four-year-olds. Depending on what the community needs, additional funds can be provided to bolster the quality of local child care programs, or resources can be added to local prekindergarten programs to extend their day. The state increased funding for the Community Partnership Program by $30 million last year.

New York is in the first year of its Universal Prekindergarten Program, serving 18,000 children during the 1998-99 school year. ***Ohio*** will be able to serve more than 75 percent of eligible three- and four-year-olds in need of Head Start by investing an additional $8.9 million this year, bringing total state funding to $92.6 million.

After-school initiatives. Given the fact that nearly five million children are home alone after school every week, it is surprising that few states took major steps to address the urgent need for after-school care. The states that did move forward recognized the importance of providing after-school activities to adolescents who are at risk of smoking, alcohol and drug use, too-early sexual activity, and criminal behavior when left unsupervised in the late afternoon and early evening, as well as to younger children.

For example, ***California*** passed the After-School Learning and Safe Neighborhoods Partnership Program, which allocates $50 million annually for three-year grants to fund local after-school enrichment programs for students in kindergarten through the ninth grade. It gives priority to schools with a high proportion of low-income students. Applicants may include Local Education Agencies (LEAs) or cities, counties, or non-profit organizations working in partnership with LEAs.

Illinois aims to reach more teenagers through its recently enacted TEEN R.E.A.C.H., a $6.1 million grant program funding after-school programs for at-risk youth. ***Rhode Island*** not only appropriated $1 million to establish an after-school program for middle and junior high school students in high-risk urban school districts, it also broke new ground by expanding child care subsidies for 13- to 16-year-olds in after-school programs. This stands in contrast to the Child Care and Development Block Grant, which limits assistance to children under age 13.

States need to do more. While a number of states took positive steps last year, looking at the country as a whole, the response level is still not adequate to the crisis. Major obstacles still exist to ensuring that children receive the good child care they need to succeed in school. State child care assistance programs for families are still characterized by low eligibility cut-offs and inadequate rates to child care providers. Programs struggle to find staff willing to work for unacceptably low salaries and few benefits. Communities often have limited resources available for safe and inviting child care facilities. And families have a particularly challenging experience as they search for quality child care for infants and school-age children.

Exemplary local initiatives. Local communities increasingly understand that they can launch their own initiatives and make a significant difference in expanding families' access to quality child care.

Tulsa, Oklahoma: In 1991, the Tulsa, Oklahoma, Chamber of Commerce provided leadership, and the Tulsa United Way provided funding to create the Tulsa Children's Coalition, a partnership of several community organizations. The Coalition oversees the operation of several local programs and advocates at the state and local level for improved child care opportunities for children and families. One of its primary roles is to assess the impact of state initiatives in child care and early education, and then target community resources to supplement these state activities where needed.

Currently, the Coalition oversees five infant and toddler programs, 10 school-age programs in low-income elementary schools, and a technical assistance program for family child care providers. Additionally, the Coalition was instrumental in creating partnerships among the school system, Head Start, and child care providers to better serve four-year-olds.

Building on the state's recent investment in Oklahoma First Start Grants, which fund Early Head Start programs, the Coalition is focusing new efforts on expanding high-quality infant and toddler child care. It has merged child care subsidy funds and First Start funding with other community resources to create very high-quality infant and toddler child care, with Head Start-like comprehensive services for the children and families. All programs involved must meet the National Association for the Education of Young Children's accreditation standards within 20 months. Using HUD and local Housing Authority resources, CCDBG funds, a $100,000 foundation grant, and support from the United Way, the agency has already created 92 infant and toddler slots, two new centers in public-housing projects, and two new family child care homes. It also has expanded infant and toddler slots in existing centers.

Southeastern Pennsylvania: Child Care Matters, a $10.7 million three-year initiative supported by the William Penn Foundation and the United Way, brings together non-profit children's organizations with the Southeastern Pennsylvania United Way in a unique partnership designed to improve the private and public understanding of the need for quality child care and spur needed new investments. Partners include the Delaware Valley Association for the Education of Young Children, Delaware Valley

Child Care Council, Philadelphia Citizens for Children and Youth, and Philadelphia Early Childhood Collaborative.

Child Care Matters focuses on activities that directly improve the quality of local child care programs and enhance families' ability to afford quality child care. The initiative consists of five components:

- The Neighborhood Project targets two urban neighborhoods working with a network of 48 child care centers and family child care homes. Programs receive financial incentives for improving education quality through an accreditation process and enroll their teachers in T.E.A.C.H., an early childhood education scholarship program that brings financial rewards to teachers who improve their skills. In order to ensure that families have access to these improved child care settings, up to 200 families each year on waiting lists are given financial aid to participate in the neighborhood child care programs.
- The Regional Quality Initiative focuses on the entire Southeastern Pennsylvania region. Each year up to 155 teachers receive T.E.A.C.H. scholarships. In addition, accredited child care programs are offered financial incentives to serve low-income children.
- The Public Policy Initiative involves working with local and state policy makers to win increased investments in quality child care. In 1998, they worked with Pennsylvania lawmakers to win $500,000 in additional state funding for the T.E.A.C.H. program, adding 190 scholarships throughout the state.
- Recognizing that in order to build a strong child care system, business must play a more significant role, the Business Initiative works with area employers to increase their understanding of how child care affects their bottom line and to assist business leaders in becoming advocates for better child care.
- Finally, the Communications Initiative focuses on increasing the public's understanding of child care and its impact on school readiness, contribution to economic development, and importance to welfare reform.

Private-sector initiatives. The child care crisis adversely affects business. Parents with difficulty obtaining reliable child care often must take unscheduled absences from work or keep unorthodox schedules. Those with concerns about the quality of care their children receive often have their minds on matters other than work. Increasing numbers of businesses understand that the availability of quality child care is often critical to attracting and retaining the most qualified employees, to ensuring high productivity among their workers, and to improving the quality of life in the communities in which they operate. A small but growing list of corporations are undertaking their own initiatives to address the crisis for their staff and/or their communities.

For example, in New Hampshire, Providian National Bank (a subsidiary of the San Francisco-based Providian Financial) has shown leadership in child care on a number of fronts. Providian currently invests $5 million in a range of child care activities. This includes $1.8 million to provide loans for start-up, expansion, and renovation of non-profit child care facilities, and $250,000 for the Plus Time New Hampshire program, which offers technical assistance support to local after-school programs.

Providian is currently working on a plan for the remaining funds. As part of this process, the bank hired an economist to examine the impact of child care on New Hampshire's economy and conducted a survey to evaluate business and parental child care issues and interests. The bank also offers a $1,000 benefit per year per full-time employee for dependent care, which includes child care.

Taking an even broader perspective, Katharine Bogel Shields, Providian's vice president for community development, serves as co-chair of the Governor's Business Commission on Child Care and Early Education. Other company executives have played a strong role in promoting the importance of investing in child care to other businesses.

Moving Forward: A 1999 Agenda for Action

Advocates and policy makers must work together to ensure that adequate funding is available so that child care policies can achieve three essential results:

- Young children need a solid foundation that allows them to enter school with the early learning skills necessary to become strong readers and good students;
- Older children must have access to after-school activities that not only offer a safe haven, but provide the enrichment and academic activities they need to stay and succeed in school; and
- Parents must know that they have reliable child care options if they are to work outside the home and remain independent, as well as the choice if they wish to stay home.

The above results require new partnerships between the public and private sector, as well as among the various agencies and organizations at the federal, state, and local level that provide support to children and families, and increased investments from every level of government and the private sector.

The following is a multi-pronged agenda for advocates to effectively and comprehensively address the child care crisis.

At the federal level, advocates should:

- Lobby for a $20 billion increase over five years in the Child Care and Development Block Grant to strengthen the quality of child care for all families and make child care more affordable. New investments in the quality of child care must be maintained, and funds targeted for infants and toddlers should be expanded, given the serious gaps in the supply and the quality of child care for children under age three. President Clinton's budget recommends a $7.5 billion increase in the CCDBG and $3 billion for an Early Learning Program focused on children from birth to age five. It also continues a $173 million increase in funds for child care quality.
- Support the President's recommended increase of $400 million in the 21st Century Learning Centers initiative for FY 2000 to bring total funding to $600 million. Along with this, a strong community planning process should be established, including a greater role for community-based organizations in the development and operation of school-age programs.
- Support improvements in the Dependent Care Tax Credit that increase the amounts of the credit for lower- and middle-income families and make it refundable, and tax credits for parents who choose to stay home.
- Support the President's recommended increase of $607 million for Head Start.
- Support an increase from $5 million to $10 million for campus-based child care centers, as well as $10 million for loan forgiveness for child care providers.
- Support the President's proposal to extend the Family and Medical Leave Act to cover all employers with 25 or more workers, which will cover 10 million more Americans. The act guarantees up to 12 weeks of unpaid leave to employees with a new child or a serious illness in the family, but it currently applies only to private employers with 50 or more workers and to all public employers.
- Support paid parental leave through family leave insurance or other means to help parents stay home with their children during the critical early months of life.
- Support changes in the Child and Adult Care Food Program that would provide funds for meals and snacks at for-profit child care centers serving low-income children, and also provide meals as well as snacks for children enrolled in after-school programs.

At the state level, advocates should:

- Encourage states to invest the necessary funds to guarantee child care assistance to *all* low-income working families.

- Pressure states to conduct outreach informing low-income families that child care assistance is available. In addition, states should streamline their application process, so it encourages both families receiving TANF and low-income working families to take advantage of child care assistance, and provides them with counseling and support in choosing reliable and good-quality child care options.
- Support policies that ensure a real choice of child care providers, including reimbursement rates that are, at a minimum, based on current market rates (but are higher for programs offering higher-quality services), and reasonable fees for families.
- Support creative efforts that offer resources to local communities to plan and fund comprehensive early childhood services for young children and families.
- Promote initiatives to expand and improve infant care. These can include family child care networks, reimbursement rates for infant care that are at least at the 75th percentile of the market average, specialized training for infant caregivers, and enhanced contracts for providers who care for infants.
- Support initiatives that expand child care opportunities for parents who work odd or irregular hours, including higher rates and special contracts for caregivers who are available during these periods.
- Expand training and career opportunities in child care, at the same time linking them to initiatives that provide adequate compensation and benefits to child care providers.
- Work to strengthen state licensing standards and support an adequate number of well-trained inspectors, so parents can be confident that their children are in safe and supportive settings.
- Ensure that resource and referral programs are in place in communities to help families find child care that meets their needs and to support the community's child care providers, including informal caregivers.
- Provide capital and affordable loans through bonds, grants, and other financing mechanisms to ensure that a sufficient supply of safe facilities is available for children.
- Seek funding of high-quality prekindergarten programs that offer comprehensive services, are operated by a range of community child care and Head Start providers as well as public schools, and are conducted on a full working day, year-round basis.
- Support before- and after-school as well as summer programs that offer academic, recreational, and creative enrichment activities for elementary, middle school, and high school students.

At the local level, advocates should:

- Encourage local government leaders to take a comprehensive look at child care and after-school services in their communities to impress upon them the need to invest local dollars in improving the quality, affordability, and supply of child care and after-school programs and the return on that investment in terms of quality of life, worker productivity, and student performance.
- Encourage religious institutions, schools, and community organizations to make child care and after-school programs a priority by mobilizing funds, volunteers, space, and other resources.
- Create partnerships with schools, parks and recreation departments, libraries, community-based organizations, and local public agencies to maximize before- and after-school opportunities for elementary, middle, and high school students.
- Enact zoning and land use policies that support family child care by defining it as a residential use.
- Work with community development corporations to expand child care options, especially in low-income communities. In addition, work with local housing officials to ensure that public

housing projects offer high-quality center-based and family child care.

- Urge localities to utilize Community Development Block Grant funds for child care facilities.

In the private sector, advocates should:

- Encourage employers to make child care more affordable and available for their employees by supporting on- or near-site programs, offering resource and referral services, and helping families with the cost of child care.
- Ask employers to establish family-friendly policies such as flex-time, compressed work weeks, job sharing, and paid family leave.
- Urge businesses to invest in child care in the broader community by contributing to community child care funds that help families pay for child care and bolster the quality of care in the community. Businesses should also help finance local resource and referral programs, training for child care providers, and accreditation costs for child care centers and family child care homes.
- Urge the philanthropic and corporate communities to capitalize revolving loan funds and provide access to private bank debt in order to support capital improvements for child care programs.

Endnotes

1. Schulman, K. & Adams, G. (1998). The high cost of child care puts quality care out of reach for many families. Washington, DC: Children's Defense Fund.

2. Census Bureau. (1998, September). Current Population Reports (P60-200). Money and income in the United States: 1997. Washington, DC: Author.

3. Dwyer, K., Richardson, J., Danley, K., Hansen, W., Sussman, S., Brannon, B., Dent, C., Johnson, C., & Hay, B. (1990). Characteristics of eighth-grade students who initiate self-care in elementary and junior high school. Pediatrics, 86, 448-454.

4. Calculations by the Children's Defense Fund from Census Bureau 1996 data reported in the 1997 Current Population Survey.

5. Bureau of Labor Statistics. (1998, March). Unpublished raw data.

6. Census Bureau. (1998, June). Current Population Reports (P20-500). School enrollment-Social and economic characteristics of students: October 1996 (Update). Washington, DC: Author.

7. Schulman, K. & Adams, G. (1998). The high cost of child care puts quality care out of reach for many families. Washington, DC: Children's Defense Fund.

8. Schulman, K. & Adams, G. (1998). The high cost of child care puts quality care out of reach for many families. Washington, DC: Children's Defense Fund.

9. Center for the Child Care Workforce. (1998). Worthy work, unlivable wages: The National Child Care Staffing Study, 1988-1997. Washington, DC: Author.

10. Center for the Child Care Workforce. (1998). Worthy work, unlivable wages: The National Child Care Staffing Study, 1988-1997. Washington, DC: Author.

11. Center for the Child Care Workforce. (1998). Worthy work, unlivable wages: The National Child Care Staffing Study, 1988-1997. Washington, DC: Author.

12. Center for the Child Care Workforce. (1998). Worthy work, unlivable wages: The National Child Care Staffing Study, 1988-1997. Washington, DC: Author.

13. Karoly, L., Greenwood, P., Everingham, S., Hoube, J., Kilburn, M., Rydell, C., Sanders, M., & Chiesa, J. (1998). Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions (pp. xi-xxii). Santa Monica, CA: RAND.

14. Clifford, D., Peisner-Feinberg, E., Culkin, M., Howes, C., & Kagan, S. (1998, August). Quality child care: Summary of longitudinal results through kindergarten from the Cost, Quality, and Outcomes Study. Chapel Hill, NC: National Center for Early Development and Learning, University of North Carolina.

15. Adams, G., Schulman, K., & Ebb, N. (1998). Locked Doors: States struggling to meet the child care needs of low-income working families. Washington, DC: Children's Defense Fund.

16. Lyons, J., Russell, S., Gilgor, C., & Staples, A. (1998, September). Child care subsidy: The costs of waiting. Chapel Hill, NC: Day Care Services Association.

17. Adams, G., Schulman, K., & Ebb, N. (1998). Locked Doors: States struggling to meet the child care needs of low-income working families. Washington, DC: Children's Defense Fund.

18. The Annie E. Casey Foundation. (1998). Kids Count Data Book 1998. Baltimore: Author.

19. Fuller, B., & Liang, X. (1998). Can poor families find care: Persisting inequality nationwide and in Massachusetts. Washington, DC: American Educational Research Association.

20. Rangarajan, A., Meckstroth, A., & Novak, T. (1998, January). The effectiveness of the Postemployment Services Demonstration: Preliminary Findings. Princeton, NJ: Mathematica Policy Research.

BEST COPY AVAILABLE

CHAPTER 4

EDUCATION

As our nation enters the 21st century, few matters concern Americans more than the quality of education provided to our children. The nation's continued economic and social progress depends on having a literate, skilled population with the ability to reason clearly, solve problems, and apply and advance knowledge. For individuals, a sound education contributes enormously to success in the workforce, financial security, and personal growth. Yet, at a time when a good education is more important than ever, America's educational system fails to provide millions of children with the tools they need to succeed.

By numerous indicators, only a fraction of the students in most of our schools are performing at high levels of achievement.[1] Too many leave school without the critical skills they need to succeed in the workplace. Too many drop out of school before they have the credentials they need to compete for good jobs that will lead to financial security for themselves and their families. This problem is exacerbated by the rapidly growing economic gap between those who are able to complete a four-year college education and those with only a high school education or less. In 1997, a college graduate's median earnings were two-thirds more than those of a worker with only a high school degree. In other words, a college graduate took home five dollars for every three earned by a high school graduate.[2] Fewer and fewer well-paying jobs will be available in the 21st century for those without adequate post-secondary education. Yet, for too many students, particularly those from poor or minority families, a college education remains beyond their reach.

At the same time demands are increasing for our schools to produce higher levels of student performance, the number of children entering school is climbing. Enrollment in elementary and secondary schools, public and private, reached record levels in 1998, with 52.7 million students — 500,000 more than the previous year.[3] These numbers are projected to increase to 54.3 million by the year 2008. The so-called "baby-boom echo" children will require more and better-equipped classrooms, teachers, resources, and strategies to produce a new generation of young Americans armed with the skills needed to help move our nation forward into the next century and millennium.

Nearly a decade ago, the nation set a series of educational goals to be achieved by the year 2000. Although America has fallen far short of achieving these goals, there is growing consensus that educational reform is realistic and achievable by implementing a series of common-sense principles that focus on putting the needs of children first. These principles include:

- Operating from the premise that all children can perform at high levels;
- Ensuring that every child enters school ready to learn and ready to succeed;

- Establishing measurable and appropriate standards for success and holding everyone — administrators, teachers, parents, and students — accountable for meeting those standards;
- Empowering teachers and principals to make as many educational decisions as possible, reducing the size and influence of educational bureaucracies;
- Investing in quality teaching, including adequate compensation and training;
- Providing every child state-of-the-art educational tools;
- Providing adequate resources to achieve educational success, but also ensuring that resources are used wisely and effectively;
- Involving broad community resources;
- Engaging the public in the reform debate; and
- Addressing all of the elements together because piecemeal efforts will not succeed.

While the challenges facing education in America today are great, the public interest in improving the quality of education is also great. Concern about the quality of education was at or near the top of the list in numerous public-opinion polls taken in 1998. For example, a December 3-6 NBC News/*Wall Street Journal* poll asked respondents for their view of the most important issue the 106th Congress should address. Reforming Social Security was first with 28 percent, but right on its heels was "providing funds for more schools" at 25 percent. The third highest response, "cutting taxes," earned just 15 percent. A November 4-5, 1998, poll by a Republican firm, Q.W. Ayres & Associates, asked people which issue had the greatest effect on their votes in the 1998 election for the U.S. House of Representatives — the economy, education, crime, taxes, health care, or the environment. The top response was education, at 28 percent. An October 28-31, 1998, Pew Research Center poll found 88 percent of respondents saying that "improving the quality of education in public schools" is "very important for the country." No other issue received as high a response.[4] This heightened public attention provides a unique opportunity for leadership in achieving the kind of educational reform that will benefit all students and the nation.

It is certain that America in the past has benefited enormously from its commitment to a universal, free, public education system. A democracy depends upon an educated citizenry, and a democratic society has an obligation to provide all children, not merely a select few, with high-quality educational opportunities. Despite the educational system's failures and need for improvement, a majority of our children will continue to be educated in public schools. Thus, it is essential we work to strengthen public education so all children have the opportunity to learn and excel.

Educational Performance: "Goals 2000" Remain Elusive

In 1990, President Bush and the 50 state governors established the following education goals to be achieved by the year 2000:

- Goal 1 — All children in America will start school ready to learn;
- Goal 2 — The high school graduation rate will increase to at least 90 percent;
- Goal 3 — All students will leave grades 4, 8, and 12 having demonstrated competency over challenging subject matter, and all students will be prepared for responsible citizenship, future learning, and productive employment in our nation's modern economy;
- Goal 4 — The nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century;
- Goal 5 — U.S. students will be first in the world in mathematics and science achievement;
- Goal 6 — Every adult will be literate and possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship;

These additional goals were added subsequently:

- Goal 7 — Every school will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and offer a disciplined environment conducive to learning; and
- Goal 8 — Every school will promote partnerships that increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

The National Education Goals Panel, which measures progress towards these eight goals, identified 26 national and 33 state-level indicators to track such progress. In its eighth annual report issued in 1998, the Panel observed that "the nation is far from where it should be if we expect to achieve the National Education Goals by the end of the decade. Progress has been uneven, and performance has actually slipped in some areas."[3]

For example, despite recent modest gains, the percentage of fourth- and eighth-grade students who meet the Goals Panel's performance standard in reading has basically remained unchanged since 1992 while the performance of 12th graders in reading actually declined. High school completion rates have remained unchanged at 86 percent since 1990, and the percentage of high school teachers who hold a degree in their main teaching assignment area has declined. Unless dramatic change takes place soon, it is likely that generations of children will enter and leave school before the National Education Goals are reached.

Poor and Minority Students

Although lagging academic performance cuts across demographic lines, children from poor families generally have lower-than-average academic achievement and higher-than-average school drop-out rates. The proportion of Black and Hispanic children living in poverty — 40 percent — vastly exceeds the 11 percent rate for White children. Thus, on the average, educational outcomes for Black and Hispanic children are significantly below those for White children.

Facts & Figures

- Forty percent of the nation's fourth-graders do not read at basic level, according to National Assessment of Educational Progress studies.
- The percentage of Black students completing high school rose from 64.1 percent to 86.9 percent between 1973 and 1997, while the percent of Hispanic students completing high school only rose from 52.3 percent to 61.8 percent during the same period.
- U.S. fourth-graders score ahead of many other nations in both mathematics and science, but by the time they reach the 12th grade, U.S. students are falling behind in both areas.
- In 1994, only 16 states had content standards for student performance in the four core academic areas; by 1998, 36 states had established content standards in these core areas.
- America's schools will need 2.2 million new teachers over the next decade.
- The richest school districts spend 56 percent more per student than do the poorest.

Gap between Black and White students. Although the gaps in academic achievement between White students and Black students have narrowed,[7] significant differences persist. Most of the improvements in educational performance and high school graduation rates for Black students took place in the 1970s and 1980s. In the 1990s, the racial gap in academic achievement is either staying the same or widening, depending on grade and subject matter. According to National Assessment of Educational Progress (NAEP) data, the gap in reading scores between 17-year-old Black and White students was reduced by more than half between 1971 and 1988. Had progress continued at the same pace throughout the 1990s, the scores for the two groups would have equaled in 1998. Unfortunately, gains leveled off, and as the 1990s come to a close, the reading score gap (about 30 scale points) between Black and White students remains about the same as it was at the beginning of the decade.

Hispanic children. The percentage of children living in the United States of Hispanic origin has grown from 9 percent in 1980 to 14 percent in 1996, and is expected to exceed 20 percent by the year 2020. Hispanic children's educational achievement and completion rates have also trailed behind White children.[8] Like Black children, Hispanic children are more likely to live in poor families and, increasingly, in single-parent households.[9] In addition, Hispanic children often face language barriers that place them at even greater risk for educational failure. High school completion rates for Hispanic students are significantly lower than both Black and White students, and have changed little in the past 25 years. In 1973, 52.3 percent of Hispanic students completed high school; in 1997, the percentage had risen only to 61.8 percent. By contrast, during the same period, the percentage of Black students completing high school rose from 64.1 percent to 86.9 percent, less than six percentage points behind the White student high school completion rate of 92.9 percent.

Fewer resources. A major factor contributing to these disparities is that children who are poor or of color are most likely to attend schools with fewer resources, less qualified teachers, and the most distressed facilities. According to an analysis in *The Condition of Education 1997*,[10] the richest school districts spend 56 *percent more* per student than do the poorest. Schools serving large numbers of poor children have fewer books and supplies, and teachers with less training. The 1997 report found that more than 70 percent of teachers in schools with a high concentration of low-income students reported lacking some necessary materials for their classes, and these students were more likely to be taught by teachers who had not majored in the subject area they taught than children attending more affluent schools.

Other recent data shows that 88 percent of schools serving high-income children had Internet access, compared to 63 percent of those with high concentrations of poor and minority children[11] (see the box on Internet access on pages 118-119). The General Accounting Office (GAO) has found that schools in central cities and those with over 50 percent minority enrollment are more likely than others to have insufficient technology and to be in poor physical condition.[12] A growing body of research has found that poorer academic performance is associated with conditions such as overcrowded buildings, substandard science facilities, faulty air conditioning, and external noise.[13]

This disparity in resources separating wealthy and poor schools must be addressed if all students are to perform at high levels and achievement gaps are to be closed. Without greater equity in resource allocation, the goals of educational reform will be difficult to reach for all children. The nation cannot profess to provide equal educational opportunities when so many schools serving the poorest children have inadequate resources to address their needs.

Some Areas of Progress

Progress towards Goals 2000 has been made in certain areas. For example, important progress has been achieved in goal one — getting children ready to learn. The Panel established a number of indicators to help assess whether chil-

dren were receiving the early care critical to their development. These included:

- Reducing the number of infants born with one or more health risks;
- Increasing the number of two-year-olds who have been fully immunized against preventable childhood diseases;
- Increasing the number of children between the ages of three and five whose parents read to them or tell them stories regularly; and
- Closing the gap between high-income and low-income families in the rates of pre-school participation among children between three and five.

Progress was achieved in the first three categories. The percentage of infants born with one or more health risks declined from 37 percent to 34 percent between 1990 and 1996. Immunization rates rose to over 75 percent. And the percentage of pre-schoolers whose parents read or told stories to their children regularly increased from 66 percent to 72 percent. These gains can be attributed to broad public education campaigns focusing on the importance of early childhood development and preventive health services. As discussed below, the failure to achieve progress in the fourth area — access to high-quality pre-school programs for low-income children — remains a barrier to getting all children ready for school. Other barriers include the number of children without health insurance who are thus at risk of preventable illnesses that harm their ability to learn (see Health chapter), and the long-lasting impact of poverty and exposure to violence.

Individual states moving forward. While overall progress at the national level has been disappointing, some individual states, according to the Education Goals Panel reports, have made significant headway towards reaching certain goals.

For example, North Carolina and Texas lead all states in the combined gains in math and reading achievement measured by NAEP standards between 1990 and 1996.[14] Over a six-year period, North Carolina more than doubled the proportion of its eighth-graders who are proficient in mathematics, from nine percent to 20 percent. Texas increased its proportion of fourth-graders proficient in mathematics by 10 percentage points. The Panel commissioned a special study of these two states, *Exploring Rapid Achievement Gains in North Carolina and Texas*, to help identify the factors that contributed to these results. The study found that factors often considered critical, such as real per-pupil spending, teacher-pupil ratio, the percentage of teachers with advanced degrees, and the years of teachers' experience did not explain the gains. According to the study, both states are below the national average in real per-pupil spending as well as teacher experience and training. They are average in class size.

The study did identify seven similarities in the two states that factored into the educational progress:

- In both states, the business community became involved in the education reform movement;
- Both states developed and adopted statewide academic standards for each grade and in several subjects;
- Statewide assessments tests were developed in both states to measure progress towards the established academic standards;
- Reporting systems were established to make testing results available to students, parents, teachers, schools, school districts, and the public;
- Teachers and administrators were given authority and flexibility to determine locally how to meet the standards;
- Accountability systems were put in place to rate and reward schools on their performance; and
- Both states shifted more resources into schools with higher numbers of disadvantaged students.

Other states also have demonstrated significant progress in specific areas. For example, the District of Columbia dramatically increased the percentage of high school graduates who entered either a two- or four-year college immediately

after graduation from 33 percent in 1992 to 58 percent by 1996. Overall, 39 states have increased the percentage of high school graduates who immediately enroll in a two- or four-year college — a key indicator in attaining goal six.[15] Fifteen states (Connecticut, Hawaii, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, Utah, Virginia, West Virginia, and Wisconsin) have already met goal two. In 1996, the high school completion rate was 90 percent or better in each of these states.[16]

International Performance Lags

While these successes demonstrate that progress towards the national education goals is attainable, the performance of the U.S. education system still falls short, even to the point of trailing other industrialized nations in key educational indicators.

A report issued by the Organization for Economic Cooperation and Development (OECD) in 1998 found, for the first time, that American high school graduation rates have slipped behind those of most other industrialized countries. While U.S. rates remained stagnant, other countries have surged ahead. Moreover, while the United States still leads in the percentage of students who enter college, other industrialized countries are catching up.[17]

U.S. performance on another international measure, the Third International Mathematics and Science Study (TIMSS), is also troublesome. Although U.S. fourth-graders score ahead of many other nations in both mathematics and science, by the twelfth grade, U.S. students were falling behind in both areas.[18] Although various factors affect international comparisons,[19] these reports deepen growing concerns about the American education system. Universal access to a quality education has long been the engine that has helped America lead the world. To maintain our competitive edge in the global economy, we must continue to have the best-educated, most productive citizens.

Reform Efforts

A wide range of education reform efforts were underway in 1998. Many of them — such as the drive for educational standards, school restructuring through charter schools or voucher programs, and better teacher preparation and credentialing — focus on one specific ingredient for success. Others, such as the comprehensive school reform initiatives, attempt to deal with a range of issues. Still others, such as a new reading initiative promoted by the Clinton administration, focus on improving teaching in specific areas. The following is a discussion of some of the most prominent reform initiatives.

Standards-based reform movement. The drive to improve student achievement outcomes has spurred states to start developing standards that define what children should know and be able to do at various grade levels in core areas. The concept underlying the standards-based reform movement is relatively simple:

- Establish clear and challenging goals in specific subject areas;
- Focus teaching on helping students achieve these goals; and
- Develop accurate measures to determine student progress towards the goals.

In 1994, according to the U.S. Department of Education, only 16 states had content standards for student performance in the four core academic areas — English/language arts, mathematics, science, and social studies; by 1996, that number had increased to 26, and today 36 states have established content standards in the core areas.[20]

The 1994 federal Goals 2000 legislation provides grants to states to support their efforts to develop student performance standards, and the 1994 amendments to Title I of the Elementary and Secondary Education Act required that states develop standards in two areas — math and English — by the 1997-98 school year. Although roughly

100

half the states failed to meet the 1997-98 deadline, all but three had done so by October 1998.[21]

Along with the development of student achievement standards, assessment tools for measuring student performance against these standards must also be created. Progress in this area has been somewhat slower. Although 45 states have reported using statewide assessment tools, just under half the states report they were administering assessments aligned with content standards in reading/language arts and mathematics.[22] Most states are in the process of developing such instruments and are required to have "valid, reliable, and aligned assessments" by 2000-01 under the 1994 Title I amendments.

According to the Department of Education's report on Goals 2000 progress, some states and districts are reporting demonstrable improvements in student achievement linked to standards. The report cites Maryland, Kentucky, Delaware, and Kansas as states where reforms have led to increases in the number of students beginning to reach the goals established under the new standards.

The standards-based reform movement often includes penalties for schools that fail to perform at the level expected. Twenty-nine states authorize the use of sanctions against schools that fail to meet minimum standards for progress, and 23 provide for academic bankruptcy or intervention policies that range from citations and audits to transfer of students and dissolution of districts or schools. Public disclosure of school performance is also part of the reform effort. Some states, such as Georgia, Kentucky, Maryland, North Carolina, South Carolina, Tennessee, and Texas, provide financial rewards to schools and districts with improved student achievement.

By focusing on concrete goals for student performance, standards-based reform efforts have helped identify and develop a consensus around what we expect students to learn in core areas. However, the standards-based reform movement will fall short if the response to low student performance is simply to withhold promotions and diplomas for failing students. Standards and testing alone will not improve student outcomes. A January 1999 report by the National Research Council of the National Academy of Science, *High Stakes: Testing for Tracking, Promotion, and Graduation*, aptly noted that "in the absence of effective services for low-performing students, better tests will not lead to better educational outcomes."[23] Reform efforts must thus encompass other changes necessary to improve student performance, including appropriate curricula and instruction provided by well-trained teachers. A prerequisite to high standards for students must be high standards for schools and teachers. Before students can be held fully accountable for their performance in relation to the standards, educational systems must be held accountable for providing the instruction that students need to meet the standards. This accountability must apply at every level — to the legislative bodies that appropriate funds and decide policies, to voters who also determine funding through bond issues and their choices for elected office, to school boards and superintendents, to principals and teachers, and to parents. It is particularly critical that low-income and minority children, who often attend schools with the least resources and the least qualified teachers, receive the help they need to meet the goals established. Otherwise, it will be these children who suffer the most from the failures of school systems.

Improving teacher preparation and training. A critical element of educational reform is ensuring that every classroom is staffed by well-trained and highly qualified teachers. Unfortunately, we do not appear to have made any significant progress in achieving this goal — number four — of the National Education Goals. Between 1991 and 1994, the percentage of secondary school teachers who held an undergraduate or graduate degree in their main teaching assignment area actually declined from 66 percent to 63 percent, and only about half of all teachers in 1994 reported having had any professional development in the use of educational technology in the previous year. The 1998 National Education Goals report found that no state had made a significant improvement in this area.

In August 1998, the National Education Goals Panel recommended that the nation's governors and state education policy makers enact programs that directly link teacher preparation and licensing to standards for student achievement. The Panel's chair, West Virginia Governor Cecil Underwood, observed, "students cannot be expected to master content that their teachers have not learned how to teach."[24] The former chair, North Carolina Governor James J. Hunt, Jr. said, "The key to quality education for our young people is attracting and keeping the best teachers. To do that we must raise academic standards, raise teaching standards, and make sure teachers have the training and skills they need to help our children reach these high standards."[25] The Panel recommended a series of specific actions that should be taken, along with examples of state and local programs that were implementing the policies. The recommendations included:

- Linking accreditation of teacher education programs to the ability of their graduates to demonstrate competence as teachers;
- Linking initial state teacher licensure and certification to requirements that prospective teachers demonstrate knowledge of education standards and assessments;
- Rewarding teachers who complete continuing education and professional development activities that raise their teaching competence, including paying the testing fee and preparation costs for those teachers who complete the requirements of either the National Board of Professional Teaching Standards or state professional teaching boards;
- Offering improved professional development programs that combine the study of teaching, learning, and subject matter knowledge, and that are long enough and sufficiently intense to make teachers more effective in helping all students meet high academic standards;
- Assigning teachers to teach in the field for which they have been trained and publicly reporting the rate at which districts and schools assign teachers to teach out-of-field; and
- Providing training for school principals and school leaders that specifically targets instructional leadership in increasing student achievement of rigorous academic standards.

Congress also addressed the issue of teacher quality, recruitment, and preparation in crafting and passing the Higher Education Amendments of 1998. Title II of the new law authorizes a $300 million investment in teacher preparation and recruitment for fiscal year 1999, of which $75 million was appropriated. The new funds will be used to help states improve the quality of their teaching force by:

- Strengthening their teacher certification standards to ensure that new teachers have the necessary teaching skills and academic content knowledge;
- Implementing reforms aimed at holding institutions of higher education accountable for preparing teachers with strong teaching skills and knowledge of their subject areas;
- Establishing or strengthening alternative pathways into teaching for highly qualified individuals, including midcareer professionals and former military personnel; and
- Recruiting new high-quality teachers.

The new law also requires states and institutions to prepare "report cards" on the quality of teacher preparation, including their students' performance on teacher licensing examinations. It provides for grants to establish partnerships between teacher preparation institutions and local school districts and to recruit teachers into school districts with high needs.

On the issue of teaching standards, there was also some promising news from another front. At its 1998 convention, the largest teachers organization, the National Education Association (NEA), passed a resolution calling for a clinical practice for prospective teachers. Modeled after physician training, those seeking to teach would have to undergo internships and residencies before becoming fully licensed and certified for the classroom. In addition,

the NEA has embraced the practice of peer counseling, where long-time teachers provide guidance to their less experienced colleagues, helping them through difficulties, and, if necessary, actually counseling them out of the profession.

At the same time, Education Secretary Richard W. Riley has urged states to improve teacher quality by adopting a set of uniform national policies on how teachers get licensed, evaluated, and rewarded. He has proposed a plan under which teachers would have to meet tough standards before they are licensed to teach in a classroom, and rewards would be provided to those who pass advanced, higher-level tests.

Compounding the challenges of raising teacher quality are issues of quantity. According to the Department of Education, America's schools will need 2.2 million new teachers over the next decade.[26] Some districts are already experiencing shortages, and many current teachers are approaching retirement age. Implementing strategies along the lines recommended by the National Education Goals Panel and other education reform groups to recruit and train a highly qualified, motivated new cadre of teachers to help lead our schools into the next century is of critical importance to all reform efforts.

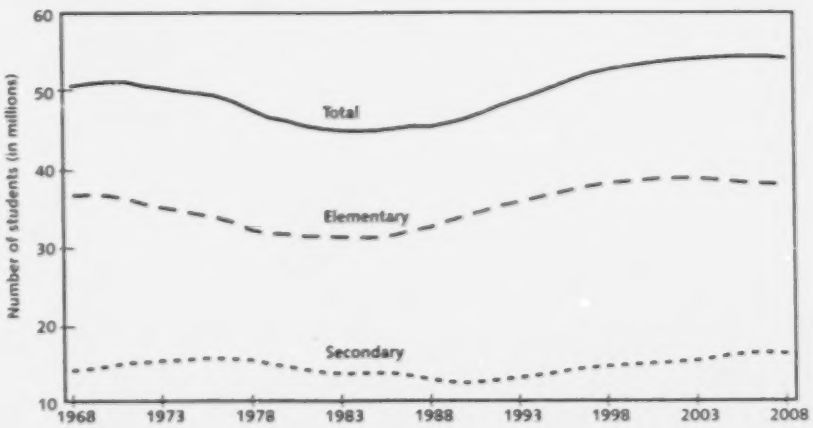
Charter schools. An education reform movement that has continued to draw significant attention involves "charter schools." In contrast to voucher programs that would allow public funds to go to private schools, charter schools are public schools operating under a contract (or "charter") from a state or local education agency that sets out the conditions under which the schools can operate free from a number of regulations that otherwise apply to public schools. In 1998, the U.S. Department of Education released its second-year report of the National Study of Charter Schools[27] authorized by the 1994 Amendments to the Elementary and Secondary Education Act. The report noted that some see charter schools as providing "both new models of schooling and competitive pressures on public schools that will improve the current system of public education," while others "fear that charter schools might, at best, be little more than escape valves that relieve the pressure for genuine reform of the whole system and, at worst, add to the centrifugal forces that threaten to pull public education apart."

The report found that the number of these schools continues to grow rapidly. The first state to enact charter school legislation was Minnesota in

SCHOOL ENROLLMENT RISING

A record number of children — 52.7 million — were enrolled in elementary and secondary schools in 1997. The school-age population is projected to continue to increase over the next decade, requiring 2.2 million new teachers.

ENROLLMENT IN PUBLIC AND PRIVATE ELEMENTARY AND SECONDARY SCHOOLS: FALL 1968 TO FALL 2008



Sources: U.S. Department of Education, National Center for Education Statistics, *Digest of Education Statistics 1997* (1997), Table 3, and *Projections of Education Statistics to 2008* (1998), Table 1. Calculations by Children's Defense Fund.

1991, followed by California in 1992. As of 1998, 33 states and the District of Columbia had adopted legislation that authorizes the establishment of charter schools.[28] Approximately 100,000 students were enrolled in these schools in the 1997-98 school year. The number of schools was estimated to have grown to 1,128 by September of 1998. While the overall number of students enrolled in charter schools remains small,[29] in some states, such as Arizona, charter schools represent as much as 2 percent of the public school population.

The report noted a number of factors common to charter schools. Most charter schools are small, with a median enrollment of about 150 students compared to a median of 500 students for other public schools. More than 60 percent of the charter schools were newly created, with the remainder either pre-existing public schools (25 percent) that converted to charter school status or pre-existing private schools (13 percent).[30] The report found that most charter schools were similar to their districts in terms of student racial/ethnic and income levels, but that about one-third are more likely to serve low-income students and students of color.

According to the report, students and parents expressed dissatisfaction with their experience in other public schools as a primary reason for choosing a charter school. Comprehensive data is not yet available to measure the impact charter schools have on student performance, although the Department of Education is undertaking a longitudinal assessment of student achievement in a sample number of charter schools as part of its national study. In all but two states (New Mexico and Texas), charter schools operate under performance-based contracts which specify the duration of the charter and criteria for termination. Seventeen states require that charter schools use the state's assessment tests to measure student achievement and provide that the charter can be revoked for failure to meet student outcome goals.

In 1998, Congress passed legislation requiring that charter schools receive all Title I and other federal grants to which they are entitled.[31] As part of this legislation, Congress also mandated that charter schools accept and serve children with disabilities just as other publicly funded schools are required to do. The legislation authorized $100 million for charter schools in the fiscal year 1999 budget, with priority for these funds going to states that review each charter school at least every five years and increase the number that meet clear and measurable standards for quality.

Private school vouchers. Vouchers that would permit public funds to be used in private schools, including parochial schools, have been the subject of much attention and debate over the past several years. They have been heavily promoted in lower-income and minority communities where the public schools are in the worst shape. However, there are a number of reasons for concern about this approach to reform. The first is the impact of siphoning funds away from school systems that are in desperate shape, in large part because funding is already woefully inadequate. A second concern is that even the largest voucher programs only provide private school tuition for a select few students — a result that is incompatible with the goal of lifting *every* child up. A third concern is that private schools can be selective, while public schools must take all students; thus, new taxpayer funding through vouchers may create even more disparities in the quality of education students get. Still another concern is the lack of public accountability in private schools. Public schools are accountable to the voters either directly (through elections for school boards) or indirectly (through elections for officials who appoint leadership); private schools are not.

Even if one accepts the premise of voucher supporters that creating competition is the only way to stimulate public schools to start making the reforms necessary for student success, such competition can be created without siphoning funds (and good students) away from the public schools. As discussed above, charter schools and school choice (within the public school system) can be tools to achieve this objective. While vouchers may offer the opportunity for some to escape failing public schools, they leave behind the vast majority of children. What is most urgently needed are reform

READING ACHIEVEMENT

Percentage of students at or above reading achievement levels, 1992, 1994, and 1998

	Below basic	At or above basic	At or above proficient	Advanced
Fourth grade				
1992	38	62	29	6
1994	40	60	30	7
1998	38	62	31	7
Eighth grade				
1992	31	69	29	3
1994	30	70	30	3
1998	26*+	74*+	33*+	3
Twelfth grade				
1992	20	80	40	4
1994	25	75	36	4
1998	23*+	77*+	40 +	6*+

Note: Percentages may not add to 100 due to rounding.

* Indicates that the 1998 score is significantly different from the 1992 score.

+ Indicates that the 1998 score is significantly different from the 1994 score.

Source: U.S. Department of Education, National Center for Education Statistics, *NAEP Reading Report Card for the Nation* (1999), p. 20.

efforts that promise to improve the educational opportunities for all children, not just a fortunate few.

Teaching children to read. As indicated earlier, some reform efforts are focused on very specific areas. Reading is one such area. There is little doubt that reading skills are the cornerstone to educational achievement. In a world with rising demands for literacy at every level, those who cannot read suffer severe consequences. Yet, in this most fundamental area, vast numbers of America's children are failing to achieve the levels of performance needed to succeed. In 1994, NAEP reported that 40 percent of the nation's fourth-graders could not read at a basic level, and a shocking 69 percent of Black and 64 percent of Hispanic fourth-graders were not reading at the basic level. A child who cannot read well by the end of the third grade is seriously disadvantaged for the remainder of his or her classroom days and perhaps for life.

The process of learning to read begins well before a child enters elementary school. Early childhood experiences that include exposure to language-rich environments are building blocks for school success, according to a new report, *Preventing Reading Difficulties in Young Children*, released by a committee of the National Research Council in 1998.[32] This report calls for widespread reforms to "ensure that all children are equipped with the skills and instruction they need to learn to read."

The report notes that the majority of reading problems faced by today's adolescents and adults could have been avoided or resolved in the early years of childhood. It argues that children must arrive in the first grade with a strong basis in language and cognitive skills, and be motivated to learn to read in order to benefit from classroom instruction. The report observes that "pre-school children need high-quality language and literacy environments in their homes and in out-of-home settings." It calls for an increase in affordable, language-rich pre-school programs, and a public education campaign to help parents, caregivers, and the general public understand the way young children learn to

read and create opportunities for building language skills and literacy growth through everyday activities.

The report also recommends better teacher training in reading development. It found that many teachers are not adequately prepared for the task of teaching reading and recommended changes in state certification requirements and teacher education curricula to help ensure that practitioners dealing with children younger than eight have better training in reading development.

The report notes that success in reading builds on the same complex sets of skills for all children and that those children running into difficulties do not need different instruction from other children, although they may need more focused, intense, and individual application of the same principles. It concludes that most reading difficulties can be prevented and, while research continues to reveal more about how children learn to read and how teachers and others can help them, applying currently available knowledge about what works can lead to higher levels of literacy.

Responding to concerns about inadequacies in reading instruction, the Clinton administration proposed legislation, the Reading Excellence Act, which was enacted as part of the 1998 omnibus budget legislation.[33] The new law provides competitive grants to state education agencies so they can provide local reading improvement grants for teacher training, tutorial programs, and family literacy initiatives. The program, funded at $260 million for 1999, is intended to serve more than 500,000 prekindergarten through third-grade children.

A number of states are also focusing on projects aimed at improving basic reading skills. For example, Ohio's current class of first-graders will be the first class subject to the state's new "Fourth Grade Reading Guarantee." When they reach the fourth grade, they will have three opportunities to pass the fourth-grade reading proficiency test. Those who do not pass by the third administration of the test cannot move on to the fifth grade unless their reading teacher and principal determine that the student is capable of doing fifth-grade work.

To prepare, Ohio school districts will begin this year to assess students' reading abilities at the end of first, second, and third grade. Intensive summer remediation will be offered to third-graders not reading at grade level.

The new test will require higher levels of performance and preparation. Sixty-eight percent of the 125,823 fourth-graders who took Ohio's fourth-grade reading proficiency test in March 1998 passed the test. Under the new 1999 proficiency standards, only 47 percent would have passed the test. This means that 53 percent, or 66,096 students, would require the intensive reading intervention that Ohio law requires school districts provide to students who do not pass the test.

As a first step to address the problem of low-proficiency-test pass rates and to prepare for the "Fourth Grade Reading Guarantee," Ohio Governor Bob Taft has proposed $25 million in **OhioReads** grants to local schools and communities to make sure that all children in the state can read by the fourth grade. Governor Taft pledged in his inauguration speech to recruit 20,000 tutors across the state to work one-on-one with students struggling in reading.

Class size and student performance. Another education reform effort that received considerable attention during 1998 involved reducing class size. A May 1998 Department of Education report[34] summarized a number of studies and concluded that reducing class size from substantially above 20 students led to gains in student performance. According to the report, studies of students in smaller classes in North Carolina, Wisconsin, Indiana, and Tennessee found they outperformed their peers in larger classes.

The report noted that a data analysis of 10,000 fourth-graders in 203 school districts and 10,000 eighth-graders in 182 school districts throughout the country showed that students in smaller classes performed better than comparable students in larger classes. The Education Department report also cites studies that found smaller classes reduced discipline problems, thereby allowing more instruction time for teachers. It notes a North Carolina

study which found the percentage of classroom time devoted to instruction increased from 80 percent to 96 percent when class size was reduced, and findings from Tennessee where students in smaller classes were found to have caused fewer discipline problems.

However, the report also notes that improved performance was greatest when reduction in classroom size was coupled with changes in instruction methods. Student achievement gains in Wisconsin and North Carolina resulted when class size reductions included a strong emphasis on professional development for the classroom teachers as well. The report indicates that classroom size reductions appear to have the most impact in the early grades when children are learning to read. This provides an explanation for those studies which have questioned the impact of small class size, as they have often looked at class size variation at all grade levels rather than just the kindergarten through third-grade years.

In 1998, the Clinton administration announced an initiative to help reduce class size to a national average of 18 in grades one through three. The current average classroom size is 22, but many schools have up to 30 students per class. The 1999 fiscal year budget provides $1.2 billion to hire approximately 30,000 new teachers in the early grades as a first installment of a highly publicized pledge to help school districts hire and train 100,000 new teachers over a seven-year period. As part of the legislation, school districts are required to provide an annual school "report card" providing information on how student achievement has been affected by hiring highly qualified teachers and reducing class size. States are required to target funds toward schools with the highest numbers of low-income students. As indicated earlier, finding well-qualified teachers to fill these new positions will be a major challenge for many school districts.

Comprehensive school reform initiatives. Another approach that has been drawing attention is known as "comprehensive school reform." This approach focuses on all aspects of a school's activities, ranging from curriculum and instruction to teacher training, parental involvement, and school management. In 1997, Congress approved bipartisan legislation sponsored by Representatives David Obey (D-Wis.) and John Porter (R-Ill.) providing $150 million for a new program, the Comprehensive School Reform Demonstration Project (CSRD). Instead of targeting money for specific programs such as reading instruction or teacher training, CSRD funds are available to schools seeking to implement schoolwide reform models that meet certain criteria.

The models must use innovative strategies and proven methods that have been replicated in diverse schools and be designed to enable all students to meet challenging state content and performance standards. Schools must include high-quality, continuous teacher and staff professional development and training. They must also involve parents and the local community in planning and implementing school improvement activities. Funds are allocated to states based upon their basic Title I grant allocation, and grants are awarded to individual schools on a competitive basis. It is estimated that 2,500 schools will receive grants of at least $50,000 under the program. These grants are renewable for two years.[55]

Community schools. Another new movement that has emerged in recent years involves the concept of "community schools." This approach is centered on the premise that no single institution can create all of the conditions that young people need to flourish not only in school, but in their careers, and as parents. An active, engaged community — beginning with parents, neighborhood leaders, and religious institutions, and including public and non-profit service providers, community-based organizations, and local governments — has an enormous role to play in supporting the schools' mission. The community can expand the opportunities for growth and development that take place before and after school, in the evenings, on weekends, and during school.

The idea of the school as the heart of the community and a gathering place for all ages to learn, spend time together, and discuss concerns is not

new. In the last decade, however, the number of school-community partnerships has increased exponentially. Many long-standing initiatives have undergone significant change. Growth has come in response to greatly expanded activity in four key areas of policy and practice and their extension into the schools. Overall, this expansion reflects:

- The call for improved educational quality and academic outcomes among young people;
- The demand for more efficient and effective health and social service delivery designed to meet the comprehensive needs of children and families;
- Increased recognition of the developmental needs of young people and the importance of building on their strengths; and
- Expanded efforts to strengthen the human, social, and economic underpinnings of neighborhoods and communities.

A recent analysis suggests that community-school initiatives are increasingly concerned with taking strategic action to improve student achievement.[36] They set the stage for school improvement by increasing communication between school staff and parents and fostering positive relationships between teachers and families. As initiatives mature, they are more likely to play an increasing role in school reform, including influencing classroom instruction and curriculum development. A national group has recently been formed, the Coalition for Community Schools, to promote community schools as a major strategy for improving student achievement as well as the well-being of children, youth, families, and neighborhoods.[37]

Early Education: Getting Children Ready to Learn and Succeed

Although most education reform activity has focused upon elementary and secondary schools, there is widespread recognition that school success is often determined by experiences that occur before a child enters kindergarten. Goals 2000 recognizes the importance of the early childhood years to educational achievement by stating in goal one that "all children in America will start school ready to learn."

This means that every child must have the necessary early education experiences, health care, and other services vital to subsequent educational success. This includes early screening for health problems that might impede learning, immunizations, and preventive care to protect against the kinds of childhood diseases that can result in lifelong debilitating conditions that lessen a child's ability to hear a teacher or see a blackboard. It also includes access to high-quality child care and early education programs such as Head Start.

Although enrollment in an early childhood education program can provide a pre-schooler with the skills and experiences that increase the chance for school success, many low-income pre-schoolers lack access to these programs. Indeed, the National Education Goals Panel has noted that the disparity in pre-school participation rates (among three-year-old to five-year-old children) between high-income families and low-income families remained unchanged over the past decade (see Child Care chapter).

Unfortunately, too many of those low-income children who do have access to a pre-school program are left in settings which are of poor to mediocre quality (see Child Care chapter). Education reform means investing in the kinds of early childhood educational experiences and services that are critical in determining whether a child enters elementary school ready to learn and succeed.

Higher Education

Although more young people of all racial, ethnic, and economic backgrounds attend college today, only one in three high school graduates completes a college education (compared with about one in four in 1973). That leaves two-thirds of our high school graduates without the education necessary for a majority of the new jobs that will be available in the next century, and virtually all of the jobs with rising pay and career opportunities. At a

time when a college degree is becoming more important, higher education costs have grown enormously — far in excess of the inflation rate — and soar beyond the reach of many students from low-income families. Between 1986-87 and 1996-97, the average cost for college tuition and room and board, adjusted for inflation, increased by 20 percent at public institutions and 31 percent at private institutions.[18] Financial aid has also shifted from grants to loans, leaving many college students with heavier debt burdens.

Despite these problems, some states are raising by substantial amounts the percentage of students who go on to higher education. The 1998 Goals report lists the following states with the highest percentages of high school graduates who immediately enroll in a two-year or four-year college after high school graduation: Massachusetts, 73 percent; New York, 71 percent; North Dakota, 71 percent; Delaware, 67 percent; California, 66 percent; and Rhode Island, 66 percent. The states that have made the greatest gains in the percentage of students immediately enrolling in college are the District of Columbia, (noted previously) with a 25 percentage point increase; California and South Carolina, 16 percentage point increase; Massachusetts, 13 percentage point increase; and Delaware, 10 percentage point increase.

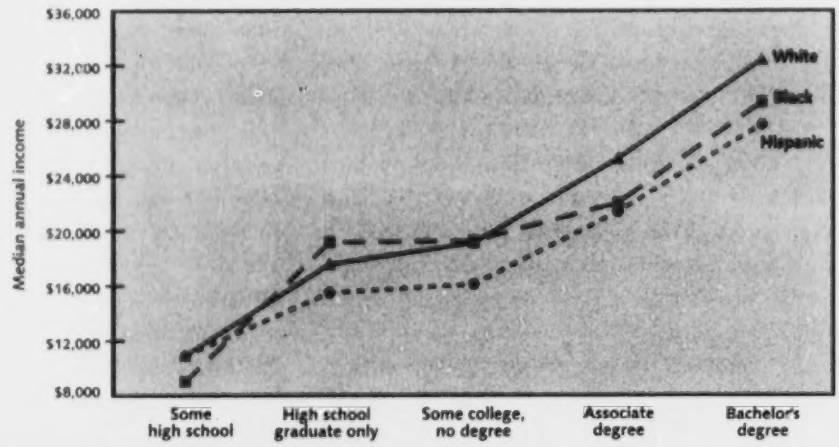
The Goals Panel attributes much of the improvement in this area to new or expanded programs that provide financial assistance to help students enroll in post-secondary education programs. For example, the Panel highlighted a new scholarship program enacted in Georgia in 1993 that provides free tuition to any of the state's colleges or universities to high school students who earned at least a B average. The program has served more than 250,000 students since its inception. The annual cost of $200 million is funded entirely through the state's lottery. A similar program enacted in 1998 in Florida will provide a 75 percent reduction in tuition and fees at any Florida public or private college or university to students with 3.0 grade point average. Students with 3.5 grade point averages are eligible for full tuition scholarships and a book allowance of $600. Like Georgia, the Florida program is funded through the state lottery.

The 1998 Higher Education Act Reauthorization contains a number of provisions aimed at improving student aid programs and making the cost of obtaining a college education more affordable. It extends for five additional years the new lower stu-

INCOME AND EDUCATION

Today's college graduate earns about two-thirds as much as high school graduates with no college education.

MEDIAN ANNUAL INCOME BY EDUCATIONAL ATTTAINMENT, BY RACE AND HISPANIC ORIGIN, 1997



Note: Persons of Hispanic origin may be of any race.
Source: U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, Series P-20, No. 513, Educational Attainment in the United States: March 1998 (1998), Table 8. Available only at http://www.census.gov/ in PDF format.

dent loan rate established in 1994 (from 8.25 percent to 7.49 percent), allows refinancing of outstanding loans at lower rates, streamlines various student aid programs, creates a new program called GEAR UP aimed at helping disadvantaged students prepare for college, and provides for a new "distance" learning initiative to help nontraditional students obtain higher education at off-campus sites. According to the Clinton administration, the student aid programs authorized under the Higher Education Act will provide $50 billion in aid to over 8.8 million students.

Federal, State, and Local Activities

Federal activity. During 1998, Congress undertook several education initiatives:

- As indicated earlier, a Clinton administration initiative calling for more teachers to help reduce classroom size was included in the 1998 budget agreement, providing $1.2 billion in additional resources to hire an estimated 30,000 new teachers;
- The Clinton administration's reading initiative was enacted along with several measures relating to pre-school and after-school programs (see Child Care chapter);
- Congress passed the Higher Education Amendments of 1998, reauthorizing a number of higher education programs; and
- Legislation relating to charter school eligibility for federal funds and expansion of the number of charter schools was enacted.

While various bills were introduced to turn many federal elementary and secondary education programs into block grants, none were enacted into law. Clinton administration proposals for school facilities repairs and upgrades also were not passed in 1998.

A significant debate on educational issues is expected to take place during the 106th Congress as part of the reauthorization of the Elementary and Secondary Education Act of 1965 (ESEA), which involves most federal elementary and secondary programs. ESEA was last reauthorized in 1994.

Title I of ESEA authorizes federal assistance to state and local educational agencies for the education of disadvantaged children, from prekindergarten through high school levels. Title I grants are used by school districts to provide supplementary educational and related services to low-achieving students attending schools with relatively high concentrations of pupils from low-income families. It is the largest federal elementary and secondary education assistance program. Nearly $8 billion was appropriated for Title I programs in fiscal year 1999.[59] The 1994 amendments to Title I increased the share of funds allocated to high-poverty schools and increased local flexibility, expanding authority to use Title I funds for schoolwide improvements, rather than just services specifically provided to the most disadvantaged students. They also linked Title I funds to broader reform efforts such as development of state curriculum content and pupil performance standards, and assessment and accountability measures, as discussed earlier.

Although a number of the changes enacted in the 1994 reauthorization have not yet been fully implemented, many believe that considerable debate will take place during the 1999 reauthorization over a range of educational issues from vouchers and charter schools to bilingual programs and educational savings accounts. There is concern that proposals to weaken the Individual with Disabilities Education Act (IDEA) may also be raised in the 1999 education debates. Proposals to consolidate many elementary and secondary education programs, including Title I, into a new block grant are expected to be debated again. A number of new education initiatives included in the Clinton administration's budget proposal for fiscal year 2000 are also likely to be considered in 1999. These initiatives include improved teacher training programs, expanded technology projects, continued focus on raising educational standards (and ending "social promotions"), and programs targeting specific areas of instruction such as reading, writing, and basic skills.

The reauthorization of ESEA will provide a focus in the 106th Congress for many key questions relating to school reform. But in terms of impact on the classroom, most of the activity on school reform continues to take place at the state and local level. Federal funds actually account for less than 7 percent of all spending on elementary and secondary education in the United States.

Activity in the states. As discussed earlier, states have been moving forward with a broad range of educational reforms: developing and implementing new content and performance standards for students; overhauling teacher certification, training, and preparation programs; examining resource equity issues; and experimenting with new approaches to instruction. States such as Texas and North Carolina are already demonstrating promising results from these reform efforts. A number of organizations provide ongoing information and reporting on educational reform efforts. Access to current information on-line about many of these activities can be found at the following Web sites: Education Commission of the States (www.ecs.org), Council of Chief State School Officers (www.ccsso.org), and U.S. Department of Education (www.ed.gov).

Activity at the local level: the Philadelphia story. Education reform efforts in Philadelphia over the past four years demonstrate it is possible, using common-sense principles, to bring about large-scale changes in an urban school district. In 1994, the Philadelphia school district embarked on a major school reform initiative, Children Achieving, led by School Superintendent David W. Hornbeck, who is also CDF's Board Chair. The explicit mission was to make Philadelphia the first large city in America where all children, including students who are poor, minority students, students with disabilities, and students whose first language is not English, achieve at high levels. The long-term goal is to create a system where 95 percent of all students reach world-class standards of performance by 2008 — within one student generation (12 years).

The challenge in Philadelphia was considerable: 55 percent of all students received public assistance, and 80 percent were eligible for free or reduced-priced meals. When the reform initiative began in 1994, student performance outcomes were dismal. Less than half of the ninth-graders graduated on time; fourth-graders scored, on average, at the 28th percentile in reading comprehension, well below grade level.

Four years later, Philadelphia schools are demonstrating remarkable change. Standardized testing has shown dramatic gains in student achievement from 1996 and 1998. The school district had established two goals for the first accountability cycle (1996-1998): (1) to close one-sixth of the gap between the baseline score on the Performance Index (a district measure of proficiency in reading, mathematics, science, attendance, and promotion/graduation) and the 12-year goal; and (2) to reduce by at least ten points the proportion of students who either scored below basic level or were not tested on standardized tests. In fact, the district exceeded its Performance Index goal by 50 percent and achieved a 37 percent increase in students scoring at the basic or above level on standardized tests over the two-year period. Fifty-six percent of Philadelphia's schools exceeded their goals in the first cycle, including 63.8 percent of those with high numbers (75 percent or more) of students from low-income families.

These results were reflected in the Pennsylvania State System of Assessment (PSSA), a statewide, independent measure of student achievement. The statewide tests also showed increased achievement for most of Philadelphia's students. For example, from 1996 to 1998, Philadelphia's math and reading scores on the PSSA went up 40 points in grade 5, 90 points in grade 8, but due to large increases in the numbers of students taking the test, scores went down 70 points in grade 11.

The key ingredient to success in Philadelphia is straightforward: a systemwide commitment to the belief that all students can perform at high levels, given adequate supports and a plan of action to make that a reality. The plan called for:

- High standards for performance, rather than simply a set of minimum competencies;

- Ending social promotions by requiring that students clearly demonstrate they have solid skills before moving from benchmark grades four, eight, and twelve;
- Adequate supports to help reach the goals; and
- Accountability for results, including rewards and penalties for educators, parents, students, and citizens.

For example, school teams that exceed both goals of the Performance Index receive $1,500 for each full-time staff member in the school and $500 for each support staff. The funds are used to further improve the instructional program in the school. Schools that are making the least progress toward the goals are provided intensified help in both identifying areas of strengths and weaknesses, and implementing strategies to improve school performance. The program also provides for a school reconstitution process that entails reassignment of faculty and development of a new instructional program for those schools with a dramatic and persistent pattern of failure. Numerous other elements of the Philadelphia Children Achieving program have contributed to the remarkable success of this ambitious, comprehensive effort to demonstrate that world-class educational achievement is possible in even the most challenging environments.

Moving Forward: A 1999 Agenda for Action

If America's education system is to be revitalized, it must be refocused on helping all children achieve at high levels. This requires a commitment to common-sense steps to bring about the changes in our educational system that will enable all children to excel. These steps include:

Setting high standards for all students. These standards must be clear, comprehensive, and apply to all schools and all students. Everyone — school administrators, teachers, parents, and students as well as policy makers and communities — must be held accountable for whether these standards are met. Students must be provided with the instructional support and services that will enable them to master the subjects they need to know to progress through the educational system. After-school programs, summer programs, mentoring, or other extra support must be provided to students who need help.

Setting high standards for all educators. All teachers need to have strong knowledge in their subject areas and training in how children learn. Teacher preparation at colleges and universities must be improved, and ongoing in-service professional development for our nation's teaching corps must be provided so that classroom teachers are up-to-date on new approaches and techniques. Teachers must be adequately prepared and compensated, and held accountable for the progress of the children they are hired to teach.

Setting high standards for all schools. Schools must be held accountable for student progress. Schools should be recognized and rewarded when they have helped children succeed. Intervention must take place when schools fail to make progress in reaching their goals. Schools should be given the resources they need to help children succeed and empowered to make decisions that will help them reach that goal.

Setting high standards for parents and communities. Parents and advocates need to be actively involved in monitoring school performance, staying informed about what is happening in the schools in their communities, and demanding accountability from their schools. Parents are their children's first teachers and are responsible for helping them to learn, reading to them, and providing them with the support they need to succeed. The entire community needs to make sure that every student has the support and services he or she needs to succeed in school. This requires the coordinated efforts of health care providers, police, social service agencies, neighborhood groups, religious congregations, and the full range of voluntary organizations that work with children. The general public should be engaged in the school

reform debate. The public needs to demand real leadership from elected officials and solid results from education reform efforts.

Setting high standards for elected officials, as well as all citizens. Government at all levels needs to invest adequate resources in education. The federal government must maintain a commitment to leadership and an allocation of funds to help states and local school districts meet the needs of children, particularly those in low-income communities where resources are scarce and needs are greatest. States and local officials need to make sure that all public school systems have the resources needed to help children achieve. All children should have access to the high-quality early education opportunities that will enable them to enter school ready to learn and ready to succeed. Resources must be made available to help students get a college education. All schools should have access to the technology and resources needed to help students learn through computers and use the Internet.

Endnotes

1. For nearly 30 years, the progress of student achievement in a number of areas has been tracked by the National Assessment of Educational Progress (NAEP). NAEP data show relatively few students achieve at high levels of proficiency across subject areas. The NAEP scores students at five levels of proficiency in various subject areas from reading to science. The National Education Goals Panel has set its performance standards at the two highest levels of achievement (proficient or advanced) on the NAEP tests. In reading, less than 40 percent of 17-year-olds read in the top two levels, indicating that they can understand complicated information. Only about 30 percent achieve the top two levels in writing. As a result, many students are required to take remedial English courses as college freshmen in order to acquire the skills necessary to master college level materials. In 1995, 78 percent of higher education institutions offered remedial courses in reading, writing, or mathematics, and three out of 10 college freshmen enrolled in a remedial course. See National Center for Educational Statistics, U.S. Department of Education. (1998). *The condition of education 1998* (p. 67). Washington, DC: U.S. Government Printing Office.

2. Educational Attainment in the United States (Table 9), Current Population Reports. (1998, March). Washington, DC: Census Bureau. Calculations by the Children's Defense Fund.

3. U.S. Department of Education. (1998). A back to school special report on the baby boom echo. Retrieved from the Internet, *www.ed.gov/pubs/bbecho98*. Feb. 14, 1999.

4. Data retrieved from the Internet, *www.clasroom.com/members/politrak*. Jan. 4, 1999.

5. National Education Goals Panel. (1998). *National Education Goals Report: Building a nation of learners, 1998*. Washington, DC: U.S. Government Printing Office.

6. Reports on numerous topics from the National Assessment of Educational Progress are available on the Internet, *www.ed.gov/nces/naep*.

7. For 17-year-olds, the gap between Black and White students in reading was 29 points, 27 points in mathematics, 47 points in science, and 22 points in writing. See National Center for Educational Statistics, U.S. Department of Education. (1998). *The condition of education 1998* (pp. 70-75). Washington, DC: U.S. Government Printing Office.

8. For 17-year-olds, the gap between Hispanic and White students in reading was 29 points, 21 points in mathematics, 38 points in science, and 20 points in writing. See National Center for Educational Statistics, U.S. Department of Education. (1998). *The condition of education 1998* (pp. 70-75). Washington, DC: U.S. Government Printing Office.

9. The percentage of Hispanic teens, ages 15-18, living with one parent increased from 23 percent in 1972 to 33 percent in 1997; the percentage of White teens, ages 15-18, living with one parent increased from 12 percent in 1972 to 22 percent in 1997. See National Center for Educational Statistics, U.S. Department of Education. (1998). *The condition of education 1998* (pp. 11-12). Washington, DC: U.S. Government Printing Office.

10. National Center for Educational Statistics, U.S. Department of Education. (1997). *The condition of education 1997*. Washington, DC: U.S. Government Printing Office.

11. National Center for Educational Statistics, U.S. Department of Education. (1998). *The condition of education 1998* (p. 40). Washington, DC: U.S. Government Printing Office.

12. The General Accounting Office has issued six reports (four in 1995 and two in 1996) on the condition of U.S. school facilities. These reports and other studies document that the greatest number of schools in need of major repair are in disadvantaged (predominantly poor, minority, inner city, or rural) districts where funds for repairs are most scarce. See, for example: General Accounting Office. (1995, February). *School facilities: Condition of America's schools*. General Accounting Office. (1995, April). *School facilities: America's schools not designed or equipped for the 21st century*. General Accounting Office. (1995, November). *School facilities: State's financial and technical support varies*. General Accounting Office. (1995, December). *School facilities: Accessibility for the disabled still an issue*. General Accounting Office. (1996, June). *America's schools report differing conditions*. General Accounting Office. (1996, June). *Profiles of school conditions by state*.

13. U.S. Department of Education. (1996). Impact of inadequate school facilities on student learning. Retrieved from the Internet, wwwed.gov/SchoolConstruction/impact, Jan. 6, 1999.

14. National Education Goals Panel. (1998). *Promising practices: Progress toward the goals 1998. Lessons from the states*. Washington, DC: U.S. Government Printing Office.

15. National Education Goals Panel. (1998). *Promising practices: Progress toward the goals 1998. Lessons from the states* (p. 46). Washington, DC: U.S. Government Printing Office.

BEST COPY AVAILABLE

16. National Education Goals Panel. (1998). *National Education Goals Report: Building a nation of learners 1998* (p. 6). Washington, DC: U.S. Government Printing Office.

17. Organization for Economic Cooperation and Development. (1998). *Education at a glance—OECD indicators 1998 edition.* Paris: Author.

18. National Center for Educational Statistics, U.S. Department of Education. (1998). *The condition of education 1998* (p. 76-77). Washington, DC: U.S. Government Printing Office.

19. Some commentators argue that international test score rankings provide little information about education quality, since countries differ in factors such as student selectivity, curriculum, and the proportion of low-income students in test-taking populations. See Rotberg, I. (1998). Interpretation of international test score comparisons. *Science,* 280, 1030-1031.

20. U.S. Department of Education. (1998). *Goals 2000: Reforming education to improve student achievement.* Washington, DC: Author.

21. Congressional Research Service, Library of Congress. (1998, Nov. 6). *Title I, ESEA: Current status and issues* (p. 25). (96-380). Washington, DC: Author.

22. U.S. Department of Education. (1998). *Goals 2000: Reforming education to improve student achievement.* Washington, DC: Author.

23. Heubert, J., & Hauser, R. (Eds.) (1999). *High stakes: Testing for tracking, promotion, and graduation* (p. 14). Washington, DC: National Academy Press.

24. National Education Goals Panel. (1998, Aug. 25). Goals panel offers recommendations for improving teacher education (press release). Washington, DC.

25. National Education Goals Panel. (1998, Aug. 25). Goals panel offers recommendations for improving teacher education (press release). Washington, DC.

26. U.S. Department of Education. (1998). A back to school special report on the baby boom echo. Retrieved from the Internet, *www.ed.gov/pubs/bbecho98,* Feb. 14, 1999.

27. Office of Educational Research and Improvement, U.S. Department of Education. (1998). *A national study of charter schools.* Washington, DC: U.S. Government Printing Office.

28. Congressional Research Service, Library of Congress. (1998, Nov. 4). *Public charter schools: State developments and federal policy options* (97-519 EPW). Washington, DC: Author.

29. Charter school students represented about 0.5 percent of all public school students in the 17 states where charter schools operated in the 1998-1997 school year, according to Office of Educational Research and Improvement, U.S. Department of Education. (1998). *A national study of charter schools.* Washington, DC: U.S. Government Printing Office.

30. Private school conversions are allowed in only four of the 16 states reviewed in Office of Educational Research and Improvement, U.S. Department of Education. (1998). *A national study of charter schools.* Washington, DC: U.S. Government Printing Office.

31. Charter School Expansion Act of 1998, P.L.105-278.

32. Snow, C., Burns, M., & Griffin, P. (Eds.) (1998). *Preventing reading difficulties in young children.* Washington, DC: National Academy Press.

33. Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999, P.L. 105-277.

34. U.S. Department of Education. (1998). Class size reduction: Smaller classes with better teachers. Retrieved from the Internet, *www.edu.gov/inits/FY99/1-csize,* Feb. 16, 1998.

35. Updated information on the Comprehensive School Reform Demonstration Program is available on the Internet from the Education Commission of States, www.ecs.org.

36. Melaville, A. (1998). *Learning together: The developing field of school-community initiatives.* Washington, DC: Institute for Educational Leadership and the National Center for Community Education.

37. For further information about the Coalition for Community Schools, contact Martin J. Blank, Institute for Educational Leadership, 1001 Connecticut Ave. NW, Suite 310, Washington, DC 20036; telephone 202-822-8405, e-mail *blankm@iel.org.*

38. National Center for Educational Statistics, U.S. Department of Education. (1998). *The condition of education 1998* (p. 24). Washington, DC: U.S. Government Printing Office.

39. The final appropriation for Title I, Part A, grants was set at $7.796 billion, of which $6.574 billion was allocated for basic grants, $1.102 billion for concentration grants, and $120 million for the new comprehensive school reform project, P.L. 105-277.

CHAPTER 5

CHILDREN AND FAMILIES IN CRISIS

All children should be raised in safe, nurturing, loving families. It is a tragedy when children are victimized by abuse, neglect, substance abuse, or domestic violence. It is a tragedy when a parent dies and children have no other family to offer them a loving home. The physical and emotional scars from such experiences can sometimes last a lifetime, if not treated, and can prevent the child from ever reaching his or her full potential as an adult. Foster parents can offer temporary solace, but cannot substitute for the security of a permanent family provided by adoption.

Such cases are also a tragedy for families and communities. And it is a tragedy for our nation. Too often, when these children do not get the help they need, they do not enter school ready to learn and succeed. Their minds are on matters far removed from the classroom, because they are unable to concentrate, because they lack self-confidence, or because of untreated pain from physical or mental injury. This places the futures of large numbers of children at risk, with consequent burdens to society.

No child should be left behind. That is why it must be an urgent priority to strengthen the web of child and family supports first to keep children safe, to intercept and prevent problems before they occur, and then to resolve problems that do happen before they become crises. Permanence for children who must be removed from their families also must be a priority. For many children, this means helping to reunite them with their families safely. For those who cannot return home, adoption offers the best assurance of long-term stability for the child. For some children though, legal guardianship with a relative or some other planned permanent living arrangement might be best, depending on their own special needs. Permanence offers a forever family and prevents the need for children to move from home to home within the foster care system, or in and out of foster care. Work towards these goals will require partnerships at the national, state, county, and community levels, with the active involvement of families themselves.

How Many Children and Families Are in Crisis?

Children abused and neglected. Slightly more than three million children were reported as suspected child abuse or neglect cases to state child protective service agencies in 1996 — an 18 percent increase since 1990.[1] About one-third of these children were confirmed by the public agencies as victims of abuse or neglect. Of these children, 52 percent suffered neglect; 24 percent physical abuse; 12 percent sexual abuse; six percent emotional maltreatment; and three percent medical neglect. Almost 40 percent were under the age of six. Black and Native American children were significantly overrepresented among abuse and neglect victims

— double their proportion in the national population.

What is contributing to these high rates of child abuse and neglect? The National Committee to Prevent Child Abuse (NCPCA), which does its own annual national survey of trends in child abuse reporting, asks states this question. In its 1998 survey, 88 percent of the states named substance abuse as one of the top two problems exhibited by families reported for maltreatment, an increase over the three previous years.[2] Poverty and economic strains were the second most frequently cited problems; these included lack of financial and transportation resources, and problems of inadequate housing and unemployment. Problems of parental capacity and skills and domestic violence were also frequently cited.

State child protection administrators also were asked about the impact of the 1996 federal welfare law, but most said that it was far too early to see any impact on the numbers or types of child abuse reports. On a positive note, about one-third of those responding to NCPCA's survey reported they were paying greater attention to specialized activities to help prevent negative impacts from the welfare law.

Children in foster care. An estimated 520,000 children were in foster care as of March 31, 1998, a 30 percent increase from the beginning of the decade,[3] and even more than the number 20 years ago. Although the entry of children into foster care has slowed in some states, the total number in care at a single point in time continues to grow. This is attributable to the slow rate at which children are exiting from care and the longer lengths of stays for children in care, especially infants. Such patterns re-emphasize the need for a renewed focus on moving these children out of care to permanent families.

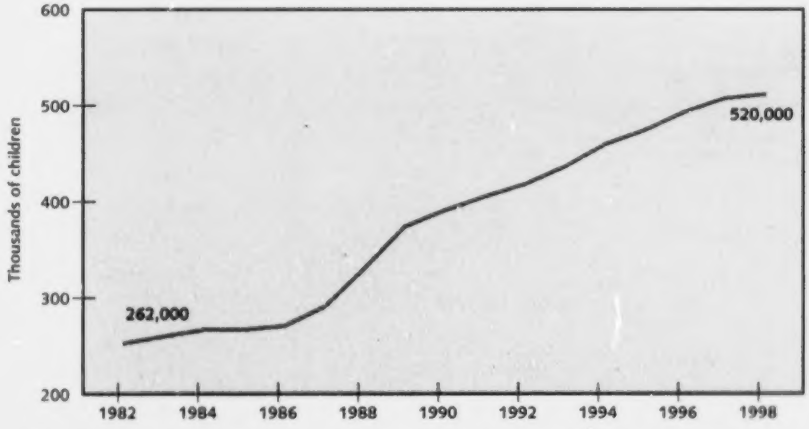
National data compiled for the Department of Health and Human Services (HHS) show that minority children are more likely than other children to be placed in foster care. Fifty-six percent of the Black children receiving child welfare services are in foster care placement — twice the percentage for White children.[4] Of children who enter placement as infants, Latino children are more than three times as likely as White children to enter foster care; Black children are more than two times as likely as White children to enter care.

Once in foster care, Black and Latino children are more likely to be there longer. In New York City, for example, one of every four Black foster children

CHILDREN IN FOSTER CARE

The number of children in foster care grew 98 percent between 1982 and 1998, rapidly between 1986 and 1989, and steadily since then.

NUMBER OF CHILDREN IN FOSTER CARE, 1982-1998



Source: Voluntary Cooperative Information System (VCIS) of the American Public Human Services Association (APHSA) for data through 1996, and Adoption and Foster Care Analysis and Reporting System (AFCARS) maintained by the U.S. Department of Health and Human Services for data for 1997 and 1998. The data reflect the number of children in care on a single date of each year.

BEST COPY AVAILABLE

remains in care five years or more, in contrast to only one in 10 White children.[5] One reason for this disparity may be that Black children are more likely to be placed in foster care with relatives (grandparents, aunts and uncles, cousins) than White children, and relative placements generally last longer. But there are other factors at work, too. The aforementioned HHS national survey found that even in non-kinship placements, the mean length of time Black children spent in foster care was 42 percent longer than White children.[6]

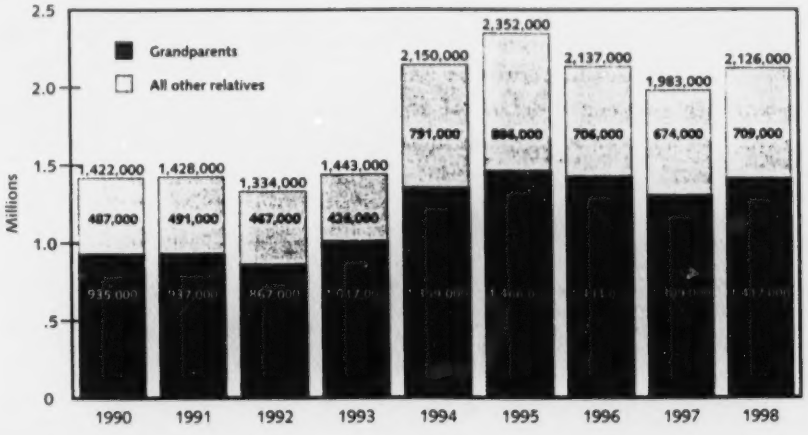
Children living alone with relatives. In the 1980s and '90s, grandparents and other relative caregivers have played an ever-increasing role in offering support to children whose families were in crisis. Nationally there are 5.4 million children living in households headed by a relative other than a parent. Thirty nine percent of these — 2.13 million children — live in households headed by a relative with *no parent present*, according to 1998 Census Bureau figures. Two-thirds of these lived with grandparents. This is the fastest-growing portion of children living with relatives. During the 1990s, families living with at least one grandparent with no parent present increased 52 percent.[7] Children living with relatives without their parents present include four primary groups:

- Children living with relatives who receive no special public financial support for their care. They represent the largest group. Like relatives described below, some of these informal caregivers need help to get the children in their care the education, special education, and mental health services they need.
- Children living with relatives who receive financial assistance through the Temporary Assistance for Needy Families (TANF) program to care for them when their parents cannot, most often without coming to the attention of the formal child welfare system.
- Children living with relatives who receive financial assistance through special kinship care programs in the states. Frequently the payment is somewhat higher than TANF, but lower than foster care payment. States vary as to whether a child must be determined to be at risk of abuse or neglect to receive these payments, and as to the oversight provided to the family as well.
- Children living in formal care situations with relatives who receive foster care payments,

CHILDREN IN RELATIVES' CARE

The number of children living with grandparents and no parent in the home grew 51.5 percent between 1990 and 1998. This is the fastest growing portion of children living with relatives.

CHILDREN BEING RAISED BY RELATIVES WITH NO PARENT PRESENT, 1990-1998



Source: U.S. Department of Commerce, Bureau of the Census, March *Current Population Surveys* for 1990-1998.

BEST COPY AVAILABLE

other specialized services, and ongoing oversight to help care for children who have been abused or neglected. These children, who would be in foster care with strangers if the relatives were not available, comprise the smallest group. HHS estimates that approximately one-third of the children in foster care today are with relatives.

The ability of the first three groups of relatives in informal caregiving situations to continue to care for these children without more help is key to determining whether demands on the child welfare system will grow in the future. If steps are not taken to get them the special health or mental health care or other special services they need, these families may have no choice but to turn to the formal child welfare system for help.

Children whose parents have AIDS. The special needs of children whose parents die of AIDS also continue to be of concern. AIDS became the fourth leading cause of death among women of reproductive age in the United States in 1996, according to the Centers for Disease Control and Prevention.[8] It was the leading cause of death for Black women in this age group and the second leading cause of death for Hispanic women. Adult or adolescent women represent almost 16 percent (104,028) of the total AIDS cases reported from 1981 through June 1998; three-quarters of these women were Black or Hispanic.[9]

Although the United States has documented substantial decreases in perinatally acquired AIDS cases in large part due to the use of effective therapies for reducing perinatal HIV transmission, healthy children are placed in extraordinarily difficult situations when their mothers become sick or disabled, and when they die. In years to come, increasing numbers of orphans of parents with AIDS could provide substantial challenges for foster care systems in some cities. For example, a legislatively mandated study done in 1996 predicted that 50,000 children and youth (to age 21) would be orphaned by AIDS by 2001 in New York City alone.[10] To respond to this trend, at least 12 states have passed various forms of stand-by guardianship laws, which allow terminally ill parents to designate a guardian to assume care and responsibility for their children before the death of the parent. The guardian can then step in when the parent becomes seriously ill and can continue to care for the children should death occur, greatly easing the transition for the child.

Effective Strategies for Serving Children and Families in Crisis

The challenges facing children and families served by the child welfare system, and the system itself, have never been greater. The numbers and needs are both at record highs. However, the problems present important opportunities for change, and an increasing recognition and acceptance that it will take many partnerships at all levels to fully implement new services and strategies required to benefit children and families. The discussions below highlight the many areas in which action must occur.

Implementing the Adoption and Safe Families Act. The enactment of the Adoption and Safe Families Act (ASFA) at the end of 1997 required action in 1998 in individual states and nationally to prepare for its implementation. ASFA is designed to promote activities that will keep children safe and in permanent homes by:

- Specifying that a child's health and safety must be paramount when decisions are made about the initial removal of a child from his or her home, the return home, and the care a child receives while in foster care or in an adoptive family.
- Clarifying that there is nothing in federal law requiring that children remain in or be returned to unsafe homes. It gives explicit examples of situations where it would not be reasonable to require services to reunify children with their families.
- Establishing expedited timelines for determining whether children who enter foster care can be moved into permanent homes promptly —

either their own homes, adoptive homes, or other planned permanent living arrangements. Offering adoption incentive payments for states that increase their adoptions of foster children over a base year, with higher payments for children with special needs.

In 1998, 38 states passed legislation incorporating the changes in ASFA. Many of these new laws specified the situations when reasonable efforts to reunify children with their families were not required, and when proceedings to terminate parental rights must be initiated. The state implementation efforts are intended to achieve one of ASFA's key goals — to reduce the backlog of 100,000 children in foster care who are waiting for adoption.

HHS issued proposed regulations in September 1998 for the foster care provisions in ASFA. Most notably, the proposed regulations clarify the prominent and important role of the courts in deciding when reasonable efforts at family reunification have been made and are no longer required, and in making decisions in individual cases about whether termination of parental rights proceedings should be initiated.

The focus of ASFA is on children already in foster care placement and on those just entering care. The law requires state agencies both to review their existing caseloads and to track new children entering care so that petitions to terminate parental rights will be filed for children who have been in care for 15 out of the previous 22 months, unless, in individual cases, certain exceptions apply. The exceptions include cases where a child is placed with relatives, there is a "compelling reason" that it is not in the child's best interest to proceed with termination, and the services determined necessary by the state have not been provided.

Congress recognized termination of parental rights as a precursor to adoption, and attributed adoption delays to states not moving forward with that step. The link between termination and adoption was made especially clear by the requirement in ASFA that states take steps to find an adoptive family for a child when they file termination petitions.

The task of identifying and appropriately planning for these waiting children is an enormous, but especially important, undertaking for state agencies and the courts. For example, the U.S. General Accounting Office (GAO) estimates that in California and Illinois alone there are 104,000 children already in care who have been there longer than the 15 out of 22 months deadline.[11] By identifying children who already have been waiting too long for permanent families, specifying what is needed to move to the next stage, and ensuring that the capacity is there to do so, it is hoped that states can proceed to move a huge backlog of children in foster care into adoptive families or other permanent placements. Once that goal is achieved, children who enter foster care in the future should be more likely to be moved promptly and appropriately to permanent families.

The increased attention in ASFA to adoption builds upon momentum independently underway in the states. Data released late in 1998 by HHS indicate that there was a 20 percent increase in the number of foster children adopted between fiscal year (FY) 1995 and FY 1997.[12] Forty states and the District of Columbia reported increases in these adoptions during that period, ten of which reported gains of over 50 percent. Preliminary estimates for 1998 show a further increase. A survey by the North American Council on Adoptable Children projects that more than 36,000 foster children were adopted in 1998.[13]

Illinois is one of the success stories. State data show it increased its adoptions 36 percent between 1995 and 1997, and then nearly doubled them again in 1998, when 4,293 foster children were placed in permanent families.[14] The increase was a result of a joint effort between the public agency, private adoption agencies, the courts, and foster and adoptive parents, building on state legislation similar to ASFA that was enacted in 1997. The state recognized that new timetables alone were not sufficient for achieving permanence and launched the following activities:

- Partnerships with the Juvenile Court helped to expedite court processes for waiting children;
- Private agencies were given fiscal incentives and new expectations for finding permanent homes for children; and
- Special efforts were made to recruit adoptive homes, including a Corporate Adoption Recruitment Partnership to identify and enlist adoptive families in the workplace.

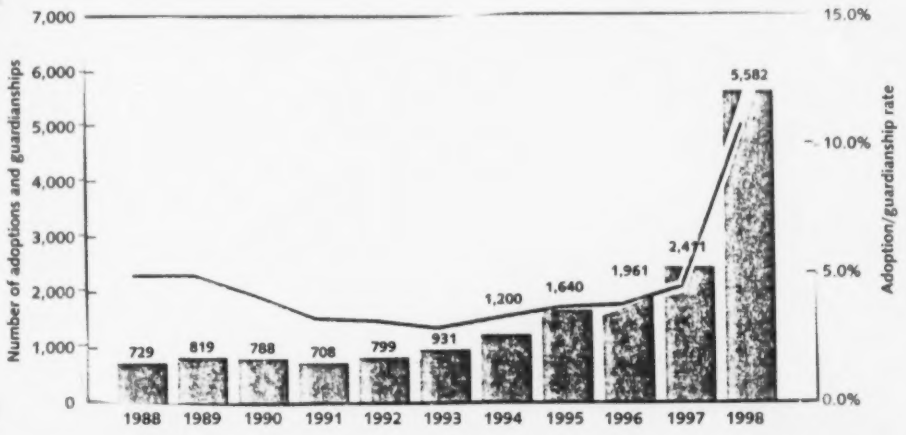
Some of the adoption increase was attributable to a promising new project in Illinois that offers federally supported, subsidized guardianships to grandparents and other relative caregivers who had been serving as foster parents for children in their care for at least two years. This program helped boost the number of these children who left foster care for permanent guardianships to 1,289 in 1998, and also helped increase the number of the children adopted by their relatives.[15] Guardianship creates a more stable relationship between the children and the relative caregivers than foster care alone provides, and without the ongoing intervention of the state. Yet, relatives often cannot assume guardianship of the children without financial support and assistance with health care. Illinois and five other states (California, Delaware, Maryland, Montana, and North Carolina) have waivers from HHS that allow them to use federal foster care funds to support permanent subsidized guardianships to children who are in foster care placements with relative caregivers. Most of the states require that the relatives already have been providing stable homes for at least one year for the children and that adoption or reunification are not options for them. At least seven additional states provide subsidized guardianships without the use of federal foster care funds.

Senior citizens also are involved in Illinois in helping to move children into permanent family arrangements through a program called Hope for the Children. This is an intergenerational model of care whereby seniors are engaged in mentoring programs with both foster and adoptive children living in their community — in this case a planned community.[16] The seniors assist with recreational opportunities for the children and offer the children's foster and adoptive parents assistance as well. Hope for Children transformed housing on the closed Chanute Air Force Base in Rantoul, Illinois, into an intergenerational community for foster and adoptive families. Homes and other special services are

ILLINOIS' SUCCESS IN MOVING CHILDREN TO ADOPTION OR SUBSIDIZED GUARDIANSHIP

Illinois increased the number of children moved to adoption or subsidized guardianship 47 percent between 1995 and 1997, and then more than doubled that number again in 1998. Eleven percent of the children in substitute care were moved to adoption or subsidized guardianship in 1998.

NUMBER OF CHILDREN IN STATE CUSTODY MOVED TO ADOPTION OR SUBSIDIZED GUARDIANSHIP



Source: Illinois Department of Children and Family Services, *Signs of Progress in Permanency and Child Welfare Reform*, February 1999.

provided for 12 foster and adoptive families, and there is special housing for 64 seniors, who pay reduced rent in exchange for their assistance to the children. The project will be replicated in several sites over the next several years with support from Ronald McDonald Charities.

Addressing the special needs of children and families. Recent changes in child protection and adoption laws that speed up decision making about the best permanent placements for children make it imperative that appropriate treatment and services be provided to children and their families as soon as the children enter foster care, and earlier if possible. In this way, progress can be made in treating the problems of troubled families and a determination can be made in a timely fashion about the likelihood of reunification or the appropriateness of other permanency options.

If services are not provided promptly, agency staff will be faced with the new deadlines for decision making without appropriate evidence upon which to make the decisions. The lack of substance abuse treatment, domestic violence services, and mental health treatment to address the problems families bring to the child welfare system make this prompt decision making extremely difficult. A 1998 survey by the Child Welfare League of America reported that just over two-thirds of parents involved with the child welfare system need substance abuse treatment, but that existing treatment programs can meet less than one-third of the need.[17]

As states implement ASFA, it is very clear that child welfare agencies alone cannot provide all that their families need to succeed; cooperation and collaboration with numerous outside agencies who also work with these families are essential. The overlap between substance abuse and domestic violence, and child abuse and neglect, make the challenges ahead readily apparent.

Substance abuse and child protection: Experts estimate that between 40 and 80 percent of the families in the child welfare system have problems with alcohol or other drugs. The National Committee to Prevent Child Abuse reported that in 1997 nearly 90 percent of the states saw parental substance abuse as one of two major problems facing families reported for child maltreatment.[18]

A 1998 report by the U.S. General Accounting Office (GAO), *Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers*, documented how parental substance abuse makes it more difficult to make timely decisions for children and to provide them with stable homes.[19] Foster care agencies face challenges in getting appropriate treatment for families and monitoring their progress once in treatment. The GAO reported that an estimated two-thirds of all foster children in both Los Angeles County, California, and Cook County, Illinois (Chicago), had at least one parent who abused drugs or alcohol, and most had been doing so for at least five years. In about 80 percent of the substance abuse cases, the children entered foster care due to neglect; about half of the children with substance-abusing parents in both states were placed with relative caregivers.

Among the mothers with substance abuse problems whose children had been in foster care at least a year in the GAO survey, fewer than 20 percent in each state had either completed a substance abuse treatment program or were currently in treatment. The GAO researchers identified a shortage of treatment alternatives, lack of worker familiarity with treatment resources, high caseloads and turnover, and lack of after-care services as barriers to mothers completing treatment successfully. In both California and Illinois, over 80 percent of children with substance abusing parents had at least one other sibling who was in foster care. GAO noted that many experts believe a successful course of drug treatment, especially for women with children, must involve a range of approaches including both inpatient and outpatient treatment, special attention to the children and the parent-child relationship, and after-care. Sometimes these women are deterred from seeking treatment out of fear of losing their children and thus problems worsen, requiring more intensive treatment when it is finally obtained.

A January 1999 report by the National Center on Addiction and Substance Abuse at Columbia University (CASA) found similar barriers to appropriate treatment on a broader scale. *No Safe Haven:*

Children of Substance-Abusing Parents dramatizes the impact nationally of substance abuse on the child welfare system, with overburdened caseworkers and judges struggling to respond appropriately.[20] It surveyed 915 child welfare professionals on their perceptions of the substance abuse problem, finding that 42 percent of those responding either do not look for substance abuse or do not know whether they are required to do so in investigating maltreatment. The report said that substance abuse training for child welfare workers and court staff is desperately needed, along with appropriate substance abuse screening and assessment tools for child welfare clients, and more manageable caseloads. More funding for comprehensive substance abuse treatment was the most common recommendation made by child welfare professionals in the CASA survey. This report, too, stressed the importance of integrating services across agency lines to coordinate service delivery.

Recognizing the realities agencies face in serving families with substance abuse problems, a 1998 guidebook, *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy*, by Nancy Young, Sid Gardner, and Kimberly Dennis, outlines innovative practices for linking child welfare services to alcohol and other drug treatment.[21] The guidebook also emphasizes the need to look to other systems to address families' needs — welfare, juvenile justice, mental health, and agencies that deal with domestic violence. Some of the initiatives cited by Young, et. al., and also by the CASA and GAO reports, focus on new collaborations between the staff of child welfare and substance abuse treatment agencies.

Delaware, for example, pairs an alcohol and other drug (AOD) counselor and child welfare service worker to do joint case planning and home visits. In Ohio, a parent who already has gone through substance abuse treatment and is in recovery is paired with the child welfare service worker to help families with substance abuse problems. Oregon and New Jersey bring AOD specialists into the child welfare agency to share their expertise as needed. Many of these states and others do joint training of child welfare and substance abuse staff.

Facts

- In 1996, slightly more than 3 million children were reported as suspected child abuse or neglect cases to state child protective service agencies; about one-third of these children were confirmed as victims of abuse and neglect.
- An estimated 40-80 percent of the families who become child protective service cases have problems with alcohol or drugs.
- In 1998, 88 percent of the states named substance abuse as one of the top two problems exhibited by families reported to child protective service agencies for maltreatment; poverty and economic status were the second.
- An estimated 520,000 children were in foster care as of March 31, 1998 — a 30 percent increase from 1990.
- In 1998, 5.4 million children lived in households headed by a relative other than a parent. Thirty-nine percent of these children — 2.13 million — lived in these households with no parent present.

Figures

All three reports cited jurisdictions that have established family drug courts for child abuse and neglect cases in an attempt to promote family reunification and to reduce recidivism. Family drug courts, described in a 1998 report by several of the judges instrumental in launching them,[22] are defined as special dockets for cases that involve adult substance abusers who are threatened with the loss or restriction of their parental rights as a result of their alcohol or other drug abuse. The stated goal is the treatment of the substance abuse so that the family can be reunited. In this model, like so many of the other innovations, agency coordination is critical. In the family drug courts, parents participate in court-coordinated treatment and are monitored by the court through frequent alcohol and other drug testing and court appearances. Previously, parents might have been referred for drug treatment, but there was little effort to ensure a treatment spot or to closely monitor progress. Family drug courts raise special challenges. Intervention and treatment must be geared to the degree and nature of the use and abuse. Steps also must be taken to ensure that any sanctions administered are consistent with the best interests of the children.

The challenges of finding effective treatment for families coming to the attention of the child welfare system are made even greater by the gross disparities in federal funding for drug treatment for women. In its 1998 annual report, *Keeping Score. Women and Drugs: Looking at the Federal Drug Control Budget,* Drug Strategies, a national organization committed to more effective approaches to the nation's drug problems, documents the decline in federal investments to reduce drug abuse among women, even as this problem grows.[23] In 1998, prevention, education, treatment, and research collectively accounted for only one-third of the total federal drug-control budget, the same proportion as in 1991. Overall, Substance Abuse and Mental Health Services Administration (SAMHSA) funding designated for women has dropped 38 percent since 1994, from a high of $242 million in 1994 to $150 million in 1999. Federal funding for treatment programs targeting pregnant and postpartum women and their children is now only 10 percent of what it was in 1995. Although states can use their Substance Abuse Block Grant funds for treatment for women, data on the amounts so used are not available.

Domestic violence: In 1998, there was heightened awareness to the connection between child abuse and domestic violence and the need for new partnerships among child welfare agencies, domestic violence programs, programs for batterers, law enforcement, the courts, and other human service agencies and community organizations. The Urban Institute's research on child welfare and domestic violence reports that between one-third and two-thirds of abused women have children who are being abused or neglected, and between 11 and 45 percent of children who are abused or neglected have a mother who is being abused.[24] Estimates of the number of children who witness family violence are in the millions.

Family Violence: Emerging Programs for Battered Mothers and Their Children, a 1998 publication by the Family Violence Department of the National Council of Juvenile and Family Court Judges, highlights innovative programs and practices that are reaching the multiple victims of family violence.[25] Some of the programs cited provide state support. The Domestic Violence Unit in the Massachusetts Department of Social Services (DSS), for example, provides consultation, training, and support for DSS workers handling child abuse and neglect cases that involve domestic violence. DSS also provides direct services to battered mothers as well as their children. The Families First Domestic Violence Collaboration Project, operated jointly since 1994 by Michigan's Family Independence Agency and the state's Domestic Violence Prevention and Treatment Board, offers services to battered women and their children who are referred by various domestic violence programs. The Project also offers statewide domestic violence training for the staff of programs working to maintain children with a non-abusing parent and to domestic violence program staff.

Other programs cited are community-based and offer a broad range of services for both child and adult victims of domestic violence. Reforms also are underway in judicial systems in some communities. Special projects in different states and

jurisdictions have involved prosecutors, probation officers, defense attorneys, and judges themselves in promoting coordinated, community-based approaches to address the safety and other needs of domestic violence victims — both children and adults. Health programs and schools also can play an important role in identifying domestic violence and addressing its impact on its multiple victims.

The National Council of Juvenile and Family Court Judges published a policy guidebook, *Effective Intervention in Domestic Violence and Child Abuse Cases: Guidelines for Policy and Practice*, that includes recommendations for joint activities among child protection agencies, domestic violence service providers, the juvenile and family courts, and community organizations.[26] It was produced with the assistance of an Advisory Council with widespread experience both in child protection and domestic violence issues, and funded jointly by HHS and the U.S. Department of Justice. It is one of several activities being undertaken as part of HHS's Departmental Agenda for Action in Family Violence and Intimate Partner Violence. Another is a 1998 guidebook for substance abuse treatment providers to help them heal the physical and emotional scars that exist from past domestic violence in many women in treatment.[27]

Family care: A holistic approach to serving families in crisis: In *Healing the Whole Family: A Look at Family Care Programs*, the Children's Defense Fund (CDF) sought to identify better approaches to addressing the needs of some of the most troubled families that come to the attention of the child welfare system. CDF's study, funded by the Hite Foundation, examined programs that treat or serve families struggling with substance abuse, homelessness, domestic violence, and teenage parenting, recognizing that multiple problems often occur in the same families.[28]

Healing the Whole Family focuses on family care, a program model that allows parents (usually mothers) and children to live together in supervised living arrangements for extended periods. These programs also provide comprehensive, individualized treatment and services both to the parent and the child, as well as services to strengthen the family unit, improve parenting, and promote stability. Family care is a vitally important component in a range of services for parents and children. It only is appropriate when children's safety can be assured, and when parents are committed both to complying with appropriate treatment regimens and to working hard to strengthen their families.

The emphasis in these programs on healing the whole family can offer family members a powerful opportunity to change their lives. *Healing the Whole Family* recommends the expansion of funding opportunities for family care and emphasizes the need to incorporate its characteristics in other treatment approaches. It also encourages child welfare agencies — through new partnerships with other agencies, programs, and community institutions — to modify their service approaches to target services to meet the needs of these families with multiple problems, strengthen parenting capacities and skills, and offer families after-care services. Good after-care services are essential to help both parents and children who have been in family care, or other treatment programs, make a successful transition to living on their own again. They often include home visits, continuing access to at least some program services, and after-care support groups. The most comprehensive programs provide transitional housing for families.

Attending to Older Teens in Foster Care. The increased scrutiny of the length of time children spend in foster care, as required by ASFA, also draws attention to the needs of older youths in foster care who are discharged and left to fend for themselves at age 18. An estimated 20,000 children leave foster care at age 18 or 19 each year with no formal connections to family; they have not been returned to their birth families or adopted.

A significant portion of a group of 17- and 18-year-olds discharged from foster care in Wisconsin in the mid-1990s had a very difficult time making the transition to self-sufficiency, according to a study by Mark Courtney, Irving Piliavin, and others at the University of Wisconsin-Madison.[29] The authors interviewed the youths while in care and 12 to 18 months after leaving care, and will

interview them again before the end of 1999. Some of their findings to date include:

- Ninety percent of the youths were still attending high school when in foster care and many expected they would achieve their goal of attending college; 12 to 18 months after discharge, 37 percent still had not yet completed high school. Fifty-five percent had, and another nine percent were enrolled in college.
- Only 50 percent were employed.
- Forty-four percent had a problem obtaining medical care. The percentage of young adults receiving mental health services decreased by more than half, despite the fact that there was no evidence that their need for services decreased.
- Twelve percent of the youths interviewed after leaving care reported being homeless at least once since discharge. Almost one-fourth had lived in four or more separate placements during the period.
- Thirty-seven percent of the youths had either been seriously physically victimized, sexually assaulted, raped, incarcerated, or homeless in the 12 or 18 months since leaving care.

Policy makers must take action to increase the likelihood that these young people will have stability when they leave care. Where appropriate, permanence for these young people, who have had only the state in the role as parent, should mean reconnecting them with their birth families, finding adoptive families, or linking them to a relationship with a caring and committed adult, sometimes their foster parents. In addition, their needs for housing, education, employment training, and health and mental health care must be addressed.

Increasing the emphasis on prevention. The emphasis on early decision making in ASFA also reinforces the need to provide more prevention and early intervention services to troubled families so that children do not have to be removed from their homes and placed in foster care. The Adoption and Safe Families Act recognizes the need for this by extending the Family Preservation and Support Services Program (now called the Promoting Safe and Stable Families Program). These funds can be used for prevention and reunification services, as well as a range of adoption promotion activities.

***Home visiting*:** 1998 brought renewed attention to the benefits of home visits for parents and their young children, especially high-risk parents, as a technique for helping to reduce risk of subsequent problems. According to a 15-year study by Dr. David L. Olds, Director of the Prevention Research Center for Family and Child Health in Denver, CO, and others, home visits by nurses to low-income women bearing their first child — occurring bi-weekly between pregnancy and the child's second birthday — have a very positive long-term effect on child growth and family stability.[30] In the home visits, the nurses linked families with needed health care and human services, and worked to strengthen connections with other family members and friends. They focused on the development of both the child and the parent and on the parent's care of the child. The study consisted of a 15-year follow up of families benefiting from nurse home visits in Elmira, New York. In contrast to a comparison group, by the time they reach 15 years of age, children in families receiving nurse home visits had a:

- 60 percent lower chance of running away;
- 56 percent fewer arrests;
- 56 percent fewer days of alcohol consumption; and
- 79 percent lower chance of being a victim of child abuse and neglect, according to verified reports.

Similar patterns had been revealed earlier for the mothers in the visited families: 44 percent had fewer behavioral problems due to alcohol and drug abuse, and there were 69 percent fewer maternal arrests.

Home visiting is an important tool to help connect families, especially those with newborns, to the help they need for themselves and their children. The Olds model of home visiting generally employs bachelor-degree nurses. Other models use trained

college graduates; still others train paraprofessionals, sometimes representatives from the community being served. The Olds nurse home visitation program is currently being replicated in 17 sites and will be expanded to 15 more sites over the next three years.[31]

Another model, Healthy Families, based on the Healthy Start program first developed in Hawaii, has expanded to more than 300 sites nationwide with the assistance of the National Committee to Prevent Child Abuse. Thirty-nine states and the District of Columbia are involved in the program, 18 of which operate the program statewide. Healthy Families offers home visits by paraprofessionals from the community to families who score high on a standardized family stress check list and who also have new babies. There are weekly visits at the beginning, and they change in frequency over time depending on the family's needs. A home visitor with a small caseload follows the family's progress for three to five years, teaching parenting skills, supporting the parents, and providing access to a comprehensive array of services for both the parent and child, including medical care, developmental screening, and specialized treatment.

The Parents As Teachers (PAT) model, now operating in over 2,000 sites in 49 states, is made available to all parents of children from birth to age three, not just those determined to be at risk. A PAT parent educator visits each participating family at least four times each school year to give parents information about child development and parenting skills along with general encouragement and support; families with greater needs receive more frequent visits and extra services. The parent educators must have a bachelor's degree or extensive experience working with children and families, and are trained to assess each child periodically for health and developmental problems. In Missouri, where PAT originated, it is now offered in every school district in the state.

Still another model of home visiting, HIPPY (Home Instruction Program for Pre-school Youngsters), uses trained paraprofessionals from the community to visit families of four- and five-year-olds to offer support and information about child development, parenting techniques, nutrition, and health and safety issues. HIPPY is now operating 121 programs in 28 states and the District of Columbia.

In some communities, these various models of home visiting are used in complementary ways to help families with varying levels of need. The success of an intervention depends not only on the nature of the visiting experience but also on the availability and quality of the other family support services needed, including medical care, child care, and other social services. Home visiting is not an end in itself, but rather only one of an interlocking web of family supports that must be in place in communities to prevent child abuse and neglect and to prepare children to enter school ready to learn.

Using TANF funds for prevention: A few innovative jurisdictions have used the opportunity of welfare reform to invest in prevention. Many more need to do so. Particularly notable is El Paso County, Colorado (Colorado Springs). There, child welfare workers have access to additional resources through the Temporary Assistance for Needy Families Program (TANF) to assist the families they are working with, and TANF staff work to build on families' strengths to prevent them from moving to the child welfare system.[32] In both cases, families are intimately involved in designing and managing needed services.

For example, the El Paso County Department of Human Services helps provide grandparents and other non-parental relatives caring for related children in both the TANF and Child Welfare Systems the resources they need to adequately support their families and preserve safety and stability. A special TANF unit has been established to provide preventive, strength-based services, such as grandparent support groups, mental health services, respite care, and help with school problems, so that the children being raised by relative caregivers do not need the intervention of the child welfare system. Similar preventive services also are made available to grandparents caring for their grandchildren who are transferred from receiving foster care payments to being provided subsidized guardianships on a long-term basis with reduced state involvement.

126

The Jacksonville Community Partnership For The Protection Of Children

The Jacksonville Community Partnership for the Protection of Children is a community-based initiative with the goal of better supporting families so that children's safety can improve both in the home and in the neighborhood. The Partnership, started with a planning grant from the Edna McConnell Clark Foundation in the fall of 1995, includes community members, agencies, and others in Jacksonville, Florida, who work together to prevent family violence and keep children safe from child abuse and neglect. Formal partners, in addition to the Foundation, now include the Jacksonville Children's Commission; the Duvall County School Board; the Full Service Schools and their surrounding communities; the Florida Departments of Children and Families, Health, and Juvenile Justice; Healthy Families Jacksonville; Hubbard House; the United Way, and the Exchange Club Family Center and Children's Haven.

Direct involvement by community residents is becoming a hallmark of Jacksonville's Partnership. However, it has not come quickly or easily. The state's Department of Children and Families (DCF) and other agencies on the steering committee have worked long and hard to find the most effective ways to let community residents take charge in their own neighborhoods.

Community Outreach. To more actively engage residents, the Partnership narrowed its scope at the end of its first planning year from a citywide effort to one focusing on engaging parents and other residents who live in one of five low-income apartment complexes serviced by the Ribault Full Service School.

This focused, neighborhood-level approach has produced tangible results. Residents describe how they have been encouraged by neighborhood outreach workers to become active. "I began with my GED, but he kept saying he knew I could do more," one resident said. "He just kept dropping by. And you know I really began believing I had something to offer." Multiple strategies for engagement have been used, including door-to-door contacts, community events and activities, and participation by parents and other residents in off-site meetings and conferences.

This outreach has boomeranged in a very positive way. Al Walker, Director of the Partnership, says that one of the most exciting things for him is that families are now initiating contact with DCF and asking for help when they need it. At least in some of these neighborhoods, they are beginning to see DCF as a true community resource.

The enhanced efforts to keep children safe have required action on many fronts.

Neighborhood Talent Inventory. The "Neighborhood Talent Inventory" explores residents' talents and their willingness to share them to better identify how everyone in the neighborhood can help to improve children's safety. In addition, residents are asked about community activities they are involved in, their assessments of the community's strengths and needs, where they turn for help when [illegible]ed it, and what additional services they could use. Several apartment complexes are establishing computer skill banks so a bartering system can get neighbors helping neighbors.

Full Service School. The Partnership uses the Ribault Full Service School as the focal point for many of its efforts. Project Reach, at Ribault, brings educational, medical, social, and human services directly to neighborhood residents. Calls rejected by the Child Abuse Hotline, for example, are transferred to First Call, a telephone information and crisis hotline available 24 hours a day to county residents. Neighborhood families needing additional help are then connected to the neighborhood outreach workers at Project Reach.

Community Centers. Community centers also are being established in each of the apartment complexes. Some now offer tutoring and mentoring, before- and after-school child care, Head Start, summer recreational activities, Boy Scouts, Boys and Girls Clubs, 4-H, and other services.

"Call for Great Ideas." A "Call for Great Ideas" is used to solicit proposals from neighborhood residents for special projects to help children and families. At the urging of residents, Parents Anonymous chapters have been formed, as well as safe houses where residents can go if threatened by domestic violence or child abuse. At least one of the apartment complexes awards residents points, exchangeable for cash, for children's report cards, performance on housekeeping inspections, membership in school and community organizations, meeting attendance, and volunteering with children's activities.

Churches. Five churches in the area are actively involved in the Partnership. St. Paul's Missionary Baptist Church, for example, offers church mentors for families, after-school homework assistance, an out-of-school detention program, and parenting classes.

Individual Courses of Action and Family Team Meetings. DCF and several others within the Partnership network also are making a concerted effort through the Partnership to engage and treat differently some of its most troubled families — those that "keep workers up at night." Cases might include those where children had previously been removed from their homes or reported abused and neglected, where bizarre disciplinary techniques have been used, where the child is exhibiting extremely difficult or self-destructive behaviors, or the adult caretaker has a potentially fatal medical condition. The goal is to actively engage and assess the family so an appropriate plan can be developed, implemented, and monitored to sustain change and improvement.

In Family Team Meetings, families often feel for the first time that caseworkers are really listening to what they need. New professionals with the skills to help, as well as family members, clergy, and other informal helpers, are brought to the table. Parents are involved in the development of the plan and committed in new ways to their progress. Workers, too, begin to see families differently, focusing more on their strengths than their deficits. The team meetings are helping to define individual courses of action for families and children, based on partnerships with families and greater knowledge of each family's unique circumstances. The family team meetings also are sparking increased interest about working with the mental health and substance abuse systems, and about developing a group of trained neighborhood partners who can reach out to troubled families, particularly those who are isolated and have few informal supports.

Community Support Agreements. The Partnership believes that sustaining change for families depends upon helping them build their own support networks — not just relying on formal agency involvement. Therefore, it has worked with DCF to develop a Community Support Agreement to strengthen the networks of the less troubled families that come to the attention of DCF, and believes that similar agreements can be incorporated into Family Team Meetings so that change is sustained over time. Through the Community Support Agreement, a community volunteer (usually someone already known to the family) commits in writing to help the family get the assistance it needs to keep the child safe or to improve other skills. Whether a family member, friend, church member, employer, or other professional, this person agrees to take a specific action, such as dropping in three times a week, helping a parent check in regularly with her child's school or get a medical appointment, providing some respite from childrearing, or sharing parenting tips. The volunteer keeps an eye on the child and offers support to the parent.

Domestic Violence/Child Protection Partnership. Under the umbrella of the Partnership, a nationally recognized domestic violence/child protection partnership also has been established in Jacksonville between DCF and Hubbard House, a comprehensive domestic violence center providing safe emergency shelter and other services to victims and their children. The Partnership recognized the need for increased attention to cases where both domestic violence and child abuse exist.

The task was a big one. Staff from DCF and Hubbard House were trained together using a curriculum developed by the Family Violence Prevention Fund in San Francisco. They had to begin by confronting myths and building trust between the two sets of service providers. Staff then spent time shadowing each other — DCF staff spent time at Hubbard House and Hubbard House staff got out in the field with the DCF workers. Each DCF team now includes a "domestic violence consultant," a worker who has received the special training in domestic violence and is paired with a staff member from Hubbard House. They work on cases involving domestic violence together. Monthly joint staffings are conducted. Families who leave the shelter are linked with the Family Builders family preservation team so that they have some ongoing help available to them for several months if needed.

A "Domestic Response Protocol" also has been developed and is being used by shelters in counties across the state, as well as in Jacksonville. It provides family services staff and domestic violence advocates with specific tools and check lists for screening and assessing domestic violence, and intervening effectively when domestic violence is present.

We want to specially thank the staff and residents of the Jacksonville Community Partnership for sharing information about the Partnership's activities. Further information about the Jacksonville Community Partnership and others can be obtained from the Clearinghouse on Community Partnerships for the Protection of Children, c/o Center for the Study of Social Policy, 1250 Eye Street, NW, Suite 503, Washington, DC 20005, 202-371-1565.

Special targeted assistance also is provided with TANF funds to teen parent families in the TANF caseload, in collaboration with other resources for young teenagers in the community. Services include home visits, crisis intervention, parenting support, continuing education, and job training. El Paso County also has contracted with the local Center for the Prevention of Domestic Violence to assign a staff member to the TANF office to provide services to families and training to staff. By assisting victims of domestic violence at this stage, it is hoped that many of the families can avoid the need for more intensive child welfare services. Similar investments in substance abuse treatment and mental health services for TANF families can help them find and maintain jobs, and avoid any future need to seek help from the child welfare system.

Developing community partnerships. Exciting activities are underway in a number of communities that attempt to forge neighborhood- and community-based partnerships between child protection agencies, other providers, community organizations and leaders, and families themselves to achieve safety and permanence for children. These recently developed partnerships are intended to help prevent problems from occurring or intensifying, and to assist children already in foster care and their families.

Some jurisdictions are taking very initial steps. For example, Nicholas Scoppetta, Commissioner of New York City's Administration for Children's Services, announced plans in 1998 to restructure that city's child welfare system so that children who need preventive services or foster care will receive them in their own communities and neighborhoods rather than being sent, as they are now, to distant parts of the city. New York plans to provide grants to foster care agencies, religious organizations, and other non-profit community groups to establish networks of services within communities enabling this to happen.

In the District of Columbia, eight neighborhood-based community collaboratives, some started with federal Family Preservation and Support Services Program funds, are developing new approaches to providing services and supports to children and families in the communities where they live. Some of these have carefully documented the resources available to families within their local areas. They also have identified particular neighborhoods and city blocks where families appear to be most troubled. They have noted where there have been reports of child deaths or other maltreatment, and where there are cases being serviced by the public Child and Family Service Agency. This helps the collaboratives better target scarce resources.

Activities also continue to expand in the Community Partnerships for the Protection of Children in Jacksonville, Florida, Louisville, St. Louis, and Cedar Rapids, Iowa, assisted by support from the Edna McConnell Clark Foundation. In Jacksonville, the Community Partnership, described more fully in the box on pages 97-99, has taken on many of the challenges described in preceding sections of this chapter. It also has linked to the full service school in the targeted neighborhood, thereby maximizing its impact. It is hoped that the holistic approach of the community partnerships, which is similar to other collaborative grassroots efforts to prevent youth violence, will help sustain gains over the long term by getting community members and other entities to communicate better and work more cohesively and efficiently together to improve the lives of children and families.

Focusing on outcomes. Given the pressures of ASFA and the possibility that welfare reforms in states will move more children to foster care, states and communities are not only seeking new service approaches, such as those described above, they also are increasing their focus on achieving measurable results for children and families who come to the attention of the child welfare system. ASFA required HHS, in consultation with states and child advocacy organizations, to develop a set of desired outcomes so that states' performance can be graded on an annual basis.

The American Public Human Services Association, the national organization of public human services administrators, also is attempting to identify outcomes against which state child welfare

agencies could judge their own progress as part of a broader project to explore more effective child welfare financing strategies. Since 1993, the American Humane Association also has convened annual National Roundtables on outcome measures in child welfare services. In 1998, the American Humane Association joined with the American Bar Association Center on Children and the Law and the Institute for Human Services Management, with support from the Annie E. Casey Foundation/Casey Family Services and Casey Family Program, to complete the first two stages of a project to focus on outcomes in decision making. The project's publication, *Assessing Outcomes in Child Welfare Services: Principles, Concepts, and a Framework of Core Indicators,* suggests core outcome indicators for child welfare and a framework for using them in decision making.[33]

Outcomes and results also continue to be central to the application of the financial and service delivery arrangements used in managed care to child welfare. Child welfare managed care is generally based on the same concepts used in providing managed care in the health arena. Service delivery agencies receive a flat annual fee in advance from the public agency for each child and family served. There usually is also a system of gatekeeping or single point of entry to coordinate services to individual clients. The application of managed care to child welfare is still a relatively new phenomenon. Unlike health care, many child welfare managed care contracts are with non-profit, community-based providers rather than for-profit companies. While some advocates worry about the implications of cost being the bottom line rather than children, proponents hope the growth of managed care in the child welfare system will help streamline service delivery and shorten the length of stay in foster care.

The General Accounting Office reported that by the end of 1998, child welfare managed care initiatives would be implemented in about 17 states with a similar number of other states giving it consideration. In noting the slow growth of managed care in child welfare, the GAO reported that most initiatives are small in scale, operate in a limited number of locations, and serve targeted populations of children and families (often including adolescents who are difficult to serve and need high-cost residential care). At the time of its study, only four percent of children in the child welfare system nationwide were being served under child welfare managed care arrangements.

The GAO noted special challenges in applying managed care to child welfare. These include the multiple needs of both the children and parents who come to the attention of the system; lack of accurate and timely information on services, outcomes, and costs, and the inability to track these over time; the fear of taking financial risks; and changing roles for staff of both public and private agencies.[34] The role of the courts, as well as public and private child welfare agencies and the families, also adds to the complexity. Examinations of managed care child welfare initiatives in 1998 by the National Technical Assistance Center for Children's Mental Health and by the Child Welfare League of America had similar findings.

The focus on results for children and families is a positive movement. However, it is essential that advocates and policy makers pay careful attention to the capacity of programs and systems to achieve positive outcomes and establish good mechanisms for measuring progress before instituting broad structural changes in programs, or conditioning program funding on these results.

Increasing family participation. The new pressures from ASFA, the increased emphasis on outcomes, and the application of managed care principles to child welfare all call for increased attention to the families of children who come, or are at risk of coming, to the child welfare system. Certainly, first it means getting help to parents early so that problems facing them and their children do not end up bringing them to the door of the child welfare system.

But there also needs to be greater participation by the families of children in the system. There are obviously some families who because of the nature of the abuse or neglect involved will have no contact with their children after the abuse or neglect is confirmed, and certainly not after the child is removed from the home. In these

most serious cases where reunification services are not appropriate, action must be taken immediately to move children to new permanent families. However, there are many other cases where involvement of the parent, at an early stage, is essential to ensuring the best interest of the child within the ASFA timelines.

By involving the parent up front, where safe and appropriate, in planning for services and in periodic reviews of the progress being made, the parent should get a clearer sense of the time pressures faced when a child needs to enter foster care. The parent also may have a greater opportunity to secure appropriate services from the beginning, so that assessments of the parent's ability to parent a child can be made within the timetables specified in ASFA. An increasing number of jurisdictions, for example, have used Family Group Decision Making or a similar technique. This refers to a strategy whereby parents, family members, and others involved with the family are asked by the child welfare agency to meet together to develop a plan that involves many of them for keeping the child safe. An arrangement worked out by the family group, for example, where a relative or neighbor commits to providing respite to an overwhelmed young parent several mornings a week, broadens the web of support available to the family.

For parents whose children are already in care, "concurrent planning" also may be helpful, particularly in individual cases where the likelihood and appropriateness of reunification is doubtful or uncertain. Concurrent planning involves working simultaneously with the family to reunify and, at the same time, to plan for an alternative permanent living arrangement for the child should family reunification efforts fail. It can be useful in giving parents a say in permanency planning for their child, even if there is a determination that reunification is not possible. However, good concurrent planning requires special training for staff and preparation for parents. Minnesota and several other states are implementing pilot programs for concurrent planning.

Important gains also are being made in training parent leaders. For example, Parents Anonymous, which offers parents mutual support as a means of stopping abusive behaviors and becoming nurturing caregivers for their children, is training parent leaders from around the country to help more parents get the support they need to keep their children safe and with their families. Two hundred parents recently participated in their 1999 National Leadership Conference to gain new skills in advocating for families in their own states.

Some important lessons can be learned from the parent advocacy undertaken over the past decade on behalf of children with serious emotional disturbances, promoted in large part by the leadership of the Federation of Families for Children's Mental Health. The Federation, an organization of parents and other family members of children with serious emotional disturbances, celebrated its 10th anniversary in 1998. It has been at the forefront of efforts to ensure agencies work with parents as partners in support of one another, in direct services, and in public policy, research, and evaluation as well.

Their job, and that of other advocates for children with serious emotional problems, has been aided by a series of federal legislative actions that have encouraged or mandated family participation in direct service and policy initiatives at the state and local levels. For parents of children with serious emotional disturbances, these began with the Child and Adolescent Service System Program in 1985 that required applicants for funds to describe how parents would be involved in planning for service reform. Later initiatives also prompted the development of networks of support for families. For example, 28 Statewide Family Networks were funded by the Center for Mental Health Services and the Substance Abuse and Mental Health Services Administration between 1993 and 1998. *Benefits of Statewide Family Networks for Children's Mental Health: Voices of Family Members* highlights the positive impacts that parents of children with serious emotional problems attribute to their involvement with the networks.[35] The networks offer information on legal rights, specific disorders and resources, emotional support, and numerous practical services including advocacy workshops and respite care. The families attributed positive changes in services for their children, their children's behavior, family well-being,

and personal growth to the networks. They also felt an increased ability to advocate for their own children as well as other children and families.

A 1998 publication of the Peer Technical Assistance Network, *Learning From Colleagues: Family/Professional Partnerships: Moving Forward Together,* outlines the evolution of family-professional relationships over more than a decade in the children's mental health field.[36] In both direct services and policy development, activities have evolved from being professional-centered and child-focused to being team-centered with families part of the team that makes decisions at both levels.

Moving Forward: A 1999 Agenda for Action

Keeping children safe means keeping children in nurturing, permanent families and supportive communities. This is not a task that can be assigned to a single agency or organization. It requires action at every level and among numerous partners to realize the goal Parents, grandparents and other relatives, foster and adoptive families, public and private agencies serving families with a range of problems, community and business leaders, religious organizations, educators, and child and family advocates must forge partnerships that draw on their own strengths to help parents protect their children. Such partnerships will allow us to address holistically the problems that jeopardize children's safety and well-being.

During 1999, action will be needed at the federal, state, and local levels, from all sectors, and by all partners to:

Implement the Adoption and Safe Families Act in ways that respond to children's and families' needs for specialized services and supports. There must be increased capacity for agencies and courts to address every child's need for safety and permanence in ways that are responsive to the child's unique needs and circumstances. Advocates must work with others in states and communities to:

- Develop the resources necessary so that courts and agencies together can end the backlog of children waiting for adoptive families and can provide the post-adoption services necessary to maintain adoptive families.
- Pay special attention to the need for treatment and services to address the substance abuse, domestic violence, and mental health problems that threaten children's safety and opportunities for permanent families.
- Forge collaborations between child welfare, substance abuse treatment, and mental health agencies, and domestic violence programs to ensure that parents and children are appropriately assessed and treated, and that after-care will be a recognized part of the treatment regimen.
- Develop a range of treatment options that includes family care programs to serve parents and children together, and pay special attention to safety and parenting skills.
- Offer special assistance to older youths in foster care who need help with housing, health care, education, and employment opportunities to live independently when they leave care.

Expand efforts to prevent family crises. The new timelines in ASFA make it imperative that there be renewed attention to strategies to prevent problems from occurring and to prevent parents from having to turn to the child welfare system for help when problems do happen. Advocates should seek to achieve the following objectives:

- Persuade health, education, and social service agencies to work together in communities and states to provide home visiting services to families with young children that address their individual needs.
- Combine home visiting for families with infants, toddlers, and pre-school children with neighborhood-based family resource centers and other family support programs, and with the health, mental health, child care, and social services that the children need.

- Continue to evaluate home visiting programs to determine those aspects of the programs that are most effective in addressing particular needs of specific groups of children.
- Encourage your state to use its TANF surplus to offer families the special services and support that will help them find and retain jobs, and eliminate the need for them to have to turn later to the child welfare system for help, targeting special resources on teenage parents and their children and on families facing substance abuse, domestic violence, and mental health problems.

Foster the role of relatives in keeping children safe and in supportive families. When children cannot be raised by their parents, they usually are better off under the care of an able adult family member who can appropriately protect them than with someone unknown to them. To support relatives in caring for children:

- Garner community supports for the increasing numbers of grandparents and other relatives who are serving as surrogate parents for children whose parents cannot care safely for them.
- Assess what individual relative caregivers need to adequately care for the children and develop new service options to address the range of needs identified; look at all relative caregivers, those getting no help or just TANF, as well as those in the formal foster care system.
- Connect relative caregivers with support groups, and with the education, health, mental health, and other specialized services their kin need, to prevent them from having to turn to the child welfare system for assistance.
- Provide help, when necessary, to secure appropriate housing options for relative caregivers.
- Provide options so that relative placements are as permanent as possible for the children in them — help caregivers secure legal guardianships or explore subsidized guardianship or adoption.

Promote new community partnerships and related practice changes. Children will be best protected when the entire community gets involved. Work to:

- Broaden responsibility for child protection in your community.
- Get agreement that child protective service agencies alone cannot keep children safe and that partnerships are needed.
- Include parents and a variety of agencies and organizations from the beginning.
- Recognize the need for both informal and formal responses to children's needs, depending on the individual circumstances.
- Identify collaborations already underway in your communities that can be expanded to offer the framework for a community-based service delivery system for children and family services.
- Link with other anti-violence initiatives.
- Get the child protection agency to form teams across agencies and with community representatives.

Partner with families in delivering services and planning and implementing policies, research, and evaluation. An emphasis on family partnerships and parent leadership can help ensure improved services and enhanced advocacy for children. Take steps now to:

- Get families involved as active participants from the beginning in reform efforts.
- Link with family organizations where they exist.
- Solicit help from organizations of parents of children with disabilities who may already be active in policy planning and development.
- Offer administrative support, information, and training for family members in the process with which they will be involved, and concrete services, such as child care and transportation, when necessary.
- Prepare the staff of relevant agencies and organizations for greater family participation.

Increase activities to establish positive outcomes for children and families to guide state and local reforms in service delivery. This focus on achieving measurable results is essential. Activities should seek to:

- Establish realistic outcomes that can be defined, measured, and achieved, and are consistent with the underlying principles and vision for services for children and families in your state or community.
- Obtain measurable indicators of progress in achieving these outcomes and the measurement tools and data sources that can be used over the long term.
- Be aware of how the outcomes chosen might be manipulated in ways that are inconsistent with your vision for children and families and work to prevent this from happening.
- Increase the capacity of service providers and others in the community to make the outcomes achievable and offer states and communities appropriate incentives for achieving the outcomes.

Endnotes

1. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (1998). Child maltreatment 1996: Reports from the states to the National Child Abuse and Neglect Data System. Washington, DC: Author.

2. Center on Child Abuse Prevention Research, National Committee to Prevent Child Abuse. (1998). Current trends in child abuse reporting and fatalities: The results of the 1997 annual 50 state survey (Working Paper 808). Chicago: Author.

3. Personal communication from J. Hargrove, U.S. Department of Health and Human Services (HHS), Jan. 15, 1999. Estimate prepared by HHS from the Adoption and Foster Care Analysis and Reporting System (AFCARS) using data submitted for Oct. 1, 1997, through March 31, 1998, and the American Public Human Services Association's (APHSA) substitute ca[illegible]ow data.

4. Administration for Children and Families, U.S. Department of Health and Human Services. (1997). National study of protective, preventive, and reunification services delivered to children and their families (final report). Washington, DC: Author.

5. White, A., Courtney, J., & Fifield, A. (1998, Spring Summer). Special issue: Race, bias and power in child welfare. Child Welfare Watch (3), 1.

6. Administration for Children and Families, U.S. Department of Health and Human Services. (1997). National study of protective, preventive, and reunification services delivered to children and their families (final report). Washington, DC: Author.

7. Census Bureau. (1991, May). Current Population Reports (P20-450). Marital status and living arrangements: March 1990. Washington, DC: Author; Census Bureau. (1998, October). Current Population Reports (P20-514). Marital status and living arrangements: March 1998 Update. Washington, DC: Author.

8. Peters, K., Kochanek, M., & Murphy, S. (1998). Deaths: Final data for 1996. National Vital Statistics Report from the National Center for Health Statistics, 47(9), 29, 36, 40.

9. Centers for Disease Control and Prevention. (1998). U.S. HIV and AIDS cases reported through June 1998. HIV/AIDS Surveillance Report,10(1), 14, 18, 34.

10. Working Committee on HIV, Children, and Families (a task force convened by the Federation of Protestant Welfare Agencies). (1996). Families in crisis: Report of the Working Committee on HIV, Children, and Families. New York: Federation of Protestant Welfare Agencies.

11. General Accounting Office. (1998, September). Foster care: Agencies face challenges securing stable homes for children of substance abusers (GAO/HEHS-98-182). Washington, DC: Author.

12. Children's Bureau, U.S. Department of Health and Human Services. (1998, Nov. 24). Adoption and guardianship baselines for the Adoption 2002 and the Adoption Incentive Program. Washington, DC: Author.

13. Kroll, J. (1999, Winter). U.S. adoptions from foster care projected to exceed 36,000. Adoptalk, 1-2.

14. Illinois Department of Children and Family Services. (1999, February). Signs of progress in permanency and child welfare reform. Springfield, IL: Author.

15. Illinois Department of Children and Family Services. (1999, February). Signs of progress in permanency and child welfare reform. Springfield, IL: Author.

16. Eheart, B. (1999, Jan. 7). From despair to care: A journey of the old and the young ending with hope. United States Senate Staff Briefing. Educational and housing barriers facing grandparent caregivers. Rantoul, IL: Hope for the Children and University of Illinois, Urbana.

17. Wingfield, K. (1998, February). Alcohol and other drug survey of state child welfare agencies. Washington, DC: Child Welfare League of America.

18. Center on Child Abuse Prevention Research, National Committee to Prevent Child Abuse. (1998). Current trends in child abuse reporting and fatalities: The results of the 1997 annual 50 state survey (Working Paper 808). Chicago: Author.

19. General Accounting Office. (1998, September). Foster care: Agencies face challenges securing stable homes for children of substance abusers (GAO/HEHS-98-182.) Washington, DC: Author.

20. National Center on Addiction and Substance Abuse at Columbia University. (1999). No safe haven: Children of substance-abusing parents. New York: Author.

BEST COPY AVAILABLE

21. Young, N., Gardner, S., & Dennis, K. (1998). Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy. Washington, DC: Child Welfare League of America.

22. McGee, C., Parnham, J., Morrigan, T., Smith, M., & Cooper, C. (1998). Applying drug court concepts in the juvenile and family court environments: A primer for judges. Washington, DC: American University School of Public Affairs. (Final product of the 1995 National Drug Court Symposium conducted by American University under the sponsorship of the State Justice Institute).

23. Drug Strategies. (1998). Keeping score: Women and drugs: Looking at the federal drug control budget. Washington, DC: Author.

24. Aaron, Y., & Olson, K. (1997). Efforts by child welfare agencies to address domestic violence: The experience of five communities. Washington, DC: Urban Institute.

25. National Council of Juvenile and Family Judges. (1998). Family violence: Emerging programs for battered mothers and their children. Reno, NV: Author.

26. National Council of Juvenile and Family Court Judges. (1999). Effective intervention in domestic violence and child abuse cases: Guidelines for policy and practice. Reno, NV: Author.

27. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (1997). Substance abuse treatment and domestic violence. Washington, DC: Author.

28. Allen, M., & Larson, J. (1998). Healing the whole family: A look at family care programs. Washington, DC: Children's Defense Fund.

29. Courtney, M., & Piliaven, I. (1998, July). Foster youth transitions to adulthood: Outcomes 12 to 18 months after leaving out-of-home care. Madison: School of Social Work and Institute for Research on Poverty, University of Wisconsin-Madison.

30. Olds, D., Hill, P., Mihalic, F., & O'Brien, R. (1998). Blueprints for violence prevention: Prenatal and infancy home visitation by nurses. Denver: C&M Press.

31. Olds, D., Hill, P., Mihalic, F., & O'Brien, R. (1998). Blueprints for violence prevention: Prenatal and infancy home visitation by nurses. Denver: C&M Press.

32. Berns, D., & Drake, B. (1998, October). Promoting safe and stable families through welfare reform. Colorado Springs, CO: El Paso County Department of Human Services. A paper presented at the Meeting on Young Children and Families Affected by Mental Illness, Substance Abuse and Violence in the Context of Welfare Reform, convened by the National Center for Children in Poverty, Washington, DC. Oct. 29, 1998.

33. Casey Outcomes and Decision-Making Project, Children's Division, American Humane Association. (1998). Assessing outcomes in child welfare services: Principles, concepts, and a framework of core outcome indicators. Englewood, CO: Author.

34. General Accounting Office. (1998, October). Child welfare: Early experiences implementing a managed care approach (GAO/HEHS-99-8.) Washington, DC: Author.

35. Longley, M., & Blankenship, K. (1998). Benefits of statewide family networks: Voices of family members. Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

36. Peer Technical Assistance Network (Center for the Study of Social Policy with Council of Chief State School Officers, Federation of Families for Children's Mental Health, National Resource Network for Child and Family Mental Health Services, and National Technical Assistance Center for Children's Mental Health.) (1998, September). Learning from colleagues: Family/professional partnerships: Moving forward together. Washington, DC: Author. (Available from the following organizations in Washington, DC: Federation of Families for Children's Mental Health, National Resource Network for Children and Family Mental Health Services, or National Technical Assistance Center for Children's Mental Health.)

BEST COPY AVAILABLE

CHAPTER 6

JUVENILE JUSTICE AND YOUTH DEVELOPMENT

Children should have the right to a Safe Start in life — to grow up in a secure, nurturing, positive environment in which productive activities are encouraged and risky behaviors discouraged. This is essential for their proper development, and to ensure they go to school every day ready to learn and succeed. While many of the broader statistics show marked improvement over previous years, and the reasons behind these gains provide much hope for future progress, the tragic fact remains that too many children are denied a Safe Start in life.

- Too many children in America live in communities where violence and gunfire are a stark every day reality;
- Too many teenagers lack positive alternatives during the hours they are not in school;
- Too many young girls become pregnant and give birth before they are ready to become parents;
- Too many young people have easy access to drugs, alcohol, tobacco, and guns;
- Too many children end up in juvenile and criminal justice systems because our nation still does not invest enough of its resources in efforts to prevent them from going astray in the first place; and
- Too many children are the victims of crime and violence.

Many of these appalling problems that ought not to exist in a modern, civilized society are avoidable. Studies have shown that the most prevalent threats to adolescents' well-being come predominately from risky behaviors. Data indicate that more than three of every four deaths of those between the ages of 10 and 20 are caused by "social" morbidity factors (i.e., factors other than illness): unintentional injuries, homicides, and suicides.[1] Teenagers who have ready access to guns, alcohol, tobacco, and illegal substances have an increased risk of suicide, involvement in interpersonal violence, and patterns of substance abuse.[2] By contrast, those who are connected to their schools and families, participate in positive after-school programs, and have opportunities to get a good education that places them on a solid career path are less likely to have their futures cut short by risky behavior and bad choices.

There are some good signs on the horizon and a growing body of evidence showing that programs aimed at preventing adolescent problems do make a real difference. For the past several years, rates of juvenile crime, teen pregnancy, and teen drug use have been declining.[3] And fewer children are dying from gunfire.

Many communities across America are working hard to keep their children safe. Protecting children as they grow into adolescence and helping them get on — and stay on — the right track to adulthood requires families, schools, and other community partners to work together. But much more needs to be done to give young people positive alternatives

and opportunities to develop their full potential as they grow into young adults.

The Good News

In some ways, children are more secure today than they have been in many recent years. Overall, violent crime rates have declined, making communities safer for everyone. The national arrest rate for violent crime has dropped by four percent, according to the most recent Federal Bureau of Investigation (FBI) reports.[4] The number of murders in 1997 was down 7 percent from 1996 and 26 percent from 1993. The murder rate dropped by 8.1 percent to its lowest level in 30 years.

The juvenile crime rate has also dropped dramatically. In the mid-1980s, juvenile crime began to increase rapidly and many observers warned of waves of youth violence and "superpredators" as the population of young people grew. But the sustained efforts of communities across the nation to help young people stay out of trouble are now paying off. For the past several years, declines in juvenile crime rates have encompassed virtually all categories, across demographic and geographic lines.[5] As of 1997, the latest year for which statistsics are available:

- The juvenile arrest rate for violent crime had fallen by 23 percent since 1994;
- The juvenile murder arrest rate had dropped more than 40 percent since 1993;
- Juvenile robbery was down 33 percent since 1995, and was at its lowest level in two decades;
- Forcible rapes by juveniles had fallen 23 percent since 1991; and
- Aggravated assaults were down 16 percent since 1994.

These declines cannot be attributed to changes in the youth population. In fact, the number of young people increased by one percent during this same period. Much of the credit belongs to positive community prevention initiatives, many of which are described here.

Children are safer, too. The number of children dying from gunfire has also dropped to its lowest level since 1989 (see below). And fewer children each year are reported to have been the victims of crime. According to the National Crime Victimization Survey, crime against 12- to 15-year-olds decreased from a rate of 118.4 per 1,000 in 1993 to 113.0 in 1994, and to 110.7 in 1995.[6]

The Bad News

Although the rate of children hurt by violent crime has declined significantly, it remains staggeringly high. Studies have found that *one in four* young people report that they have been victims of violence.[7] According to one study, children ages 12-17 were nearly three times as likely as adults to be victims of violent crimes and to experience a crime-related injury.[8]

This study also found that juveniles have experienced sexual assaults at twice the rate of adults and robberies at nearly three times the adult rate, with more than two-thirds of the incidents not reported to law enforcement. In 35 percent of the cases, the perpetrators were strangers; in almost 30 percent, the violence was committed by a school mate; and the remainder by family members.

Children and Guns

Gunfire in our homes, our communities, and in our schools continues to steal young lives and destroy families. More than twelve children die every day in America from gunfire — one every two hours. Gunfire killed 4,643 infants, children, and teens in 1996, dropping below 5,000 for the first time since 1990, according to the most recently compiled data by the National Center for Health Statistics.[9] Although the number of young victims was the lowest in seven years, the death of each one is a tragedy. Eighty-eight had not yet turned five. One-hundred thirty-four children were murdered before their 10th birthday.

Of all the children killed by gunfire, nearly two-thirds were victims of homicide and about one-third died from suicide. Guns remain the most common

method of suicide for children. Accidental shootings accounted for most of the balance of the gun deaths of children.

Gunfire not only kills children — children kill with guns. Seventy-nine percent of the victims of juvenile homicide offenders were killed with a firearm. Ten percent of the victims were family members, 54 percent were acquaintances, and 36 percent were strangers.[10] Juveniles who have been arrested are more likely than adults who have been arrested to have used a gun in committing a crime.[11]

But in the midst of these tragedies, these lost and ruined lives, there is hope.

Intervention can reduce the child death rate from guns. Common-sense initiatives in many communities where child gun deaths once surged have been instrumental in saving the lives of children who might have become victims of gun violence.[12] Cities such as Boston and Los Angeles have shown that intensive efforts to reduce gun violence can save children's lives.

In Boston, collaborative efforts among the clergy, law enforcement, and school officials reduced the number of juveniles killed by guns from 10 a year to *zero* over an 18-month period (see pages 120-121 for more detail). The city of Los Angeles' comprehensive efforts to reduce gun violence resulted in the number of homicides dropping by 29.3 percent in the first six months of 1998 compared to the first half of 1997. By contrast, homicide rates in the surrounding area of Los Angeles County — where no comparable anti-violence initiative existed — decreased only 1.6 percent in the same period, according to Dr. Garen Wintemute, director of the Violence Prevention Program at the University of California at Davis.[13]

The city of Los Angeles has pioneered a wide range of gun control initiatives designed to protect children and communities from gun violence. In January 1999, with strong backing from police, the city council voted to make Los Angeles the first city in California to prohibit the sale of more than one handgun per month to anyone, a measure aimed at stopping "straw" purchases by individuals who buy large numbers of guns and then resell them to

Facts

- An average of 12 children die each day from gunfire in America, approximately one every 100 minutes.
- Gunfire killed 4,643 infants, children, and teens in 1996; 134 were killed before their 10th birthday.
- Forty percent of American households with children have guns.
- Children ages 12 to 17 are nearly three times as likely as adults to be victims of violent crimes.
- The unemployment rate for teenagers is nearly triple the adult rate.
- Violent juvenile crime arrests have fallen by 23 percent since 1994.
- Over 6,000 students were expelled for bringing a firearm to school in 1996.

Rights

criminals, minors, and others who are not legally qualified to own a gun. This action followed earlier steps by the Los Angeles City Council to ban the sale of assault weapons, "Saturday nights specials" (inexpensive handguns), and large-capacity ammunition magazines, to require thumbprints from people who buy ammunition, and to mandate child safety locks be sold with every gun. In debating its most recent gun-control initiative, the city council noted that one-sixth of those killed by gunfire in Los Angeles were children.

In the East Bay communities of Northern California, gun violence once had a particularly devastating impact as the leading cause of death for children and youth between the ages of five and 23, according to Mariatheresa Viramontes, executive director of the East Bay Public Safety Corridor Partnership. The Partnership, an alliance of 23 law enforcement agencies and 18 school districts in 26 communities, launched a multifaceted anti-violence campaign in 1994 that included:

- A model project of gun abatement in Richmond, California, with a hotline which allows people to report if they see someone selling guns on the street or carrying guns in an unusual setting;
- Passage of local gun ordinances in 26 communities (16 cities and 10 unincorporated areas) and 2 counties, ranging from bans on "Saturday Night Specials" and selling guns from private homes to stricter requirements for commercial sellers;
- Safe routes home for school children;
- Extended day activities at schools;
- Youth leadership opportunities;
- Youth academies to develop positive relationships between young people and the police;
- A comprehensive truancy-prevention program; and
- Conflict resolution- and mediation-training programs.

The Partnership's efforts have had remarkable results. In Richmond, the number of homicides dropped 75 percent between 1992 and 1998. Oakland neighborhoods that participated in the gun abatement program reduced the number of homicides by 50 percent over a five-year period between 1993 and 1998.[14]

Juvenile Crime: Behind the Numbers

A key to addressing the overall issue of juvenile crime is understanding the true scope of the problem and its causes, and developing common sense, community-based solutions. Thus, a look at this often mischaracterized problem must begin with a straightforward presentation of the facts and the shattering of the many myths that have been spread.

First, most of the children involved in the juvenile justice system are non-violent offenders. Only about 5 percent are serious, habitual, violent offenders who can pose a very real threat to their communities (see the discussion below). The remaining 95 percent are children on the wrong path who need help to stay out of trouble but are not hardened criminals.

The majority of juvenile crime involves property offenses — burglary, car thefts, and larceny. About 20 percent involve crimes against persons, such as aggravated assault and robbery, with less than two percent of juvenile crime involving homicide or sexual assaults. While juvenile crime is a serious problem, many of the "solutions" popular with lawmakers are focused on the small number of serious and violent offenders. Unfortunately, the sometimes draconian provisions of these policies can have a counterproductive impact on the vast majority of non-violent teenagers who come into contact with the juvenile justice system.

Who are these children and what makes them go astray? How do we get them back on track? Why are many children who are at high risk for delinquency able to successfully navigate through the troubled waters of adolescence while others are dragged under by the same social and economic hardships?

Some factors are well known. Violence and abuse begets violence and abuse. Children who have been victims of violence or witnesses to violence are more likely to engage in violent behavior

themselves.[15] A recent study by the Child Welfare League of America in Sacramento, California, found that children who have been reported abused and neglected were *67 times* more likely to be arrested between the ages of nine and 12 than other children. These abused or neglected children made up half of all children arrested between those ages, although they represented only 1.4 percent of the total population.[16]

Many juvenile offenders have other problems. According to the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention, recent research suggests that the prevalence of mental health and substance abuse disorders among youth in the juvenile justice system is much greater than for other youth. These studies have found a high correlation between delinquent activities and alcohol or drug use.[17]

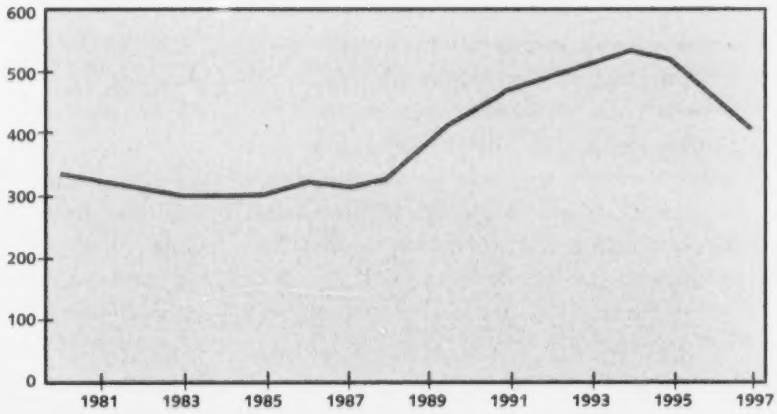
One recent study of adolescents in grades seven through 12 is particularly revealing, finding that how "connected" teenagers feel to their families and schools directly relates to whether students engage in certain risky behavior (violence, smoking, alcohol or marijuana use, sexual behavior, and emotional distress, including suicidal thoughts). This 1997 report, *Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health*,[18] is based on a survey of more than 90,000 teenagers. Connection to families was measured by the degree to which parents convey feelings of warmth, love, and caring to children, and by what expectations parents have for their children. Connection to schools was evidenced by factors such as perceptions of how much teachers cared for their students and had high expectations for school performance. The study concluded that a strong relationship with parents and family and a strong connection to one's school reduced participation in virtually every type of risky behavior for teenagers.

There is other compelling evidence that programs designed to strengthen family relationships can help reduce juvenile crime and substance abuse. Research findings released in 1998 from a 15-year study of a prenatal and early childhood home visitation program found that youth whose families had participated in the program were 56 percent less likely to be arrested than those whose families did not participate[19] (see further discussion of this study in "Families in Crisis" chapter). This program, aimed at low-income, first-time teenage parents, was designed to help them avoid problems that could lead to future violence and

JUVENILE ARRESTS

Fewer youths were arrested for violent crimes in 1997, the third year of decline after several years of steep increases. By 1997, the juvenile violent crime arrest rate decreased by half of the increase for the years between 1988 and 1994.

ARRESTS FOR VIOLENT CRIME* PER 100,000 JUVENILES AGES 10-17



*Murder, rape, robbery, and aggravated assault.
Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, "Juvenile Arrests 1997" (December 1998), p. 5.

antisocial behavior. Parent education was a key component of the program. In addition to the lower rate of juvenile arrests, the program reported lower rates of parental and juvenile drug and alcohol use, lower rates of child abuse and neglect, and less welfare dependency.

Serious and violent juvenile offenders. While representing a very small proportion of youth who are involved in the juvenile justice system, serious and violent juvenile offenders often dominate public perceptions of the problem and are the focus of policy initiatives emanating from Congress and state legislatures. These are juveniles who have been involved in the most dangerous crimes: homicide, rape, robbery, aggravated assaults, and kidnaping. They pose the most serious threats to their communities and to other young people.

Dealing with violent juvenile offenders is a tremendous challenge, but studies have shown that even these children can be identified and helped at early ages. Early prevention efforts aimed at high-risk youth and carefully designed intervention programs have proven effective, according to a 1998 study sponsored by the Office of Juvenile Justice and Delinquency Prevention.

The report, *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions,*[20] notes that the serious and violent juvenile offender is substantially different from the typical youth involved in delinquent conduct — and can often be identified at a young age, long before he or she actually becomes a danger to society. According to the study, the majority are male and usually displayed early signs of behavior problems that lead to more serious delinquent acts. Most of these serious offenders also had substance abuse or mental health difficulties in addition to problems at school, including truancy, suspensions, expulsions, and dropping out. And they had often been *victims* of violence as well. The early warning behavioral signs for violent offenders frequently included aggression, dishonesty, property offenses, and conflicts with authority.

In addition to identifying the multiple risk factors that increase the likelihood of a child becoming a violent offender, the report notes that the most successful interventions have multiple components and occur both in the home and in the schools. To be effective with these children, the report concludes, programs must provide:

- Early screening to identify children at high risk;
- Access to early intervention services and programs, including public health, pre-school enrichment, interpersonal-skills training, and treatment for neurological disorders or mental illnesses; and
- Integrated services from the juvenile justice system, mental health system, health care providers, schools, and child protection agencies.

The panel also looked closely at programs for youth after they had become violent offenders and concluded there are effective treatments for both institutionalized and non-institutionalized juvenile offenders. For example, the panel identified the Little Village Gang Violence Reduction Program, operated by the Chicago Police Department, as a promising prevention and intervention program. This initiative targets violent gang members by combining increased surveillance by probation and law enforcement officers with a wide range of social services and opportunities to help youths transition out of gangs.

Another effort highlighted in the report is the "8 Percent Early Intervention" program in Orange County, California. This initiative helps the most troubled youth (the 8 percent who account for more than half of all repeat offenses) bring their behavior under control while working to achieve family stability. It combines options such as family problem assessment and intervention services, family preservation and support services, and individualized treatment for mental health, drug, and alcohol abuse. Along with this vital assistance are tough sanctions ranging from daily reporting requirements to community confinement. Preliminary evaluations of the program found a 50 percent reduction in new offenses, probation violations, and subsequent correctional commitments. An independent evaluation of the program concluded it was a cost-effective

approach. Funds have been appropriated by the California legislature to replicate and test the program in six other counties.

Overall, the panel concluded that recidivism for violent offenders can be reduced by appropriate interventions, especially interpersonal-skills training and cognitive-behavior treatment, and after-care programs, which are essential to keeping these youth from falling back into dangerous patterns of behavior. These after-care programs often involve close supervision and counseling services and are designed to help youth who have been incarcerated re-enter their communities successfully.

Clearly, there are many concrete, workable steps that can be taken to prevent at-risk children from falling into hazardous behaviors and to rehabilitate those who have already become a threat to society. As the report concludes, it is never too early or too late to help.

Girls in the juvenile justice system. Although girls are far less likely than boys to become involved in the juvenile justice system, the number of females arrested for juvenile crime increased at more than double the rate of males between 1989 and 1993 (23 percent vs. 11 percent).[21] Today, roughly one-fourth of all juvenile arrests involve females. Disproportionate minority representation also is not limited to boys — the fastest growing category of young people caught up in the juvenile justice system are Black girls.[22]

The majority of female juveniles' arrests are for non-violent crimes. Girls accounted for only 15 percent of juvenile violent offense arrests in 1996. However, the trend is a negative one — the rate of increase in the number of girls arrested for violent offenses rose faster than that of males between 1987 and 1994 (111 percent vs. 63 percent) and has declined less since then (12 percent vs. 23 percent between 1994 and 1997).[23]

Various studies have found that girls are treated differently once they enter the juvenile justice system. For example, a recent report, *Prevention and Parity: Girls in Juvenile Justice,* cites studies suggesting girls are more likely to be detained than boys and for longer periods.[24] The report also noted that girls are more likely to be "bootstrapped" into the juvenile justice system than boys; that is, they have violated a court order while under the jurisdiction of the juvenile court for having committed a non-criminal offense, such as truancy or running away from home, thus causing them to be incarcerated. And because the juvenile justice system has more placements for boys than girls, the report found that girls are more often inappropriately placed in adult facilities or secure settings.

As most juvenile delinquency programs have focused in the past on males, there are far fewer programs that address the specific needs of girls at all stages of the system, including prevention services. The 1992 amendments to the Juvenile Justice and Delinquency Prevention Act required states receiving funds to undertake an analysis of gender bias in their system. It also authorized states to use funds under the act to develop and adopt policies to prohibit gender bias in the placement and treatment of juvenile offenders and to establish programs that ensure girls have the full range of services in the juvenile justice system.

Prevention and Parity: Girls in Juvenile Justice identifies a number of promising state and local programs focused on addressing the needs of girls. These initiatives range from providing counseling to help young women avoid substance abuse to teaching survival and life skills to teenage women living in low-income urban neighborhoods. Given the growing numbers of young women who are involved in the juvenile justice system, more attention is clearly needed to develop programs and interventions that are appropriate and effective for them.

Violence in Schools

Concern about children being victimized by gunfire extended from the street and home into the schools in the 1997-98 school year due to several tragic and highly publicized shooting deaths on school grounds. Data, however, show that school killings are not on the rise, are extremely rare, and have actually declined in the past five years. Children are far more likely to be killed after school, in

Alcohol, Tobacco, and Other Drugs: Threats to Healthy Child Development

Alcohol, tobacco, and other drugs pose serious harm to the healthy development of millions of children. Drugs not only threaten their physical safety and mental well-being but also undermine the ability of families and communities to provide the support every child needs to grow up and go to school ready to learn and succeed. Consider:

- Damage to children from alcohol, tobacco, and other drugs begins before birth. Of the approximately four million women who give birth every year, 500,000 (one in eight) use one of these drugs during the week prior to delivery. This poses serious health risks to their unborn children, including fetal alcohol syndrome, premature birth, and impaired development.
- Illicit drug use is a major factor in the spread of HIV to infants, children, and adolescents. Babies may contract HIV from their mothers *in utero* during delivery or through breast-feeding. The majority of pediatric AIDS cases result from the mother's injection drug use or sexual contact with an injection drug user. AIDS is currently the seventh leading cause of death for children ages one to 14. Even if children escape HIV and AIDS, they may be at risk in other ways. By the year 2000, as many as 80,000 children in this country will have been orphaned due to AIDS.
- Child abuse, neglect, and family violence are all closely linked with alcohol and other drug use. Three-quarters of the 12 million Americans who say they use illegal drugs regularly have children under the age of 12 at home. Illicit drugs are involved in half the reported incidents of family violence, while alcohol is involved in three-quarters of the cases. The problem is growing: the number of abused and neglected children doubled between 1986 and 1993. Today there are more than 520,000 children in foster care, largely because of alcohol and other drug abuse by at least one parent.

Although alcohol and tobacco cannot be legally sold to minors, drinking and smoking are widespread among young people. Regarding the former:

- One in five eighth-graders reports being drunk during the past year, according to nationwide annual surveys.

their own homes, or in their friends' homes than in school. And they are three times more likely to be killed by an adult than by another juvenile.[25]

Nevertheless, no child or parent should have to worry about safety in school. Violence or the fear of violence is a genuine concern in many communities, and constructive approaches should be pursued to help schools address these problems.

In October 1998, the U.S. Departments of Justice and Education jointly published a compilation of data relating to school safety, *Indicators of School Crime and Safety, 1998*,[26] which provides a comprehensive profile of how safe — or unsafe — schools are for students and teachers. The report's findings include the following:

- The percentage of 12th graders who have been injured (with or without a weapon) at school has not changed over the past 20 years, although the percentage of those who have been threatened with injury shows a very slight overall upward trend.

- By 12th grade, one in two students admits to having been drunk.
- Smoking has increased substantially since 1991, particularly among younger children.
- Half of all eighth-graders have tried smoking.
- One in three 12th-graders smokes regularly.
- Four million adolescents under the age of 18 currently smoke. At least half will continue smoking into adulthood.
- Illicit drug use has also climbed sharply among young people.
- Two in five 12th-graders report having used an illegal drug in the past year.
- Marijuana use among eighth-graders has more than doubled since 1991.

The most recent nationwide survey suggests these trends may be changing; in 1998, teens reported slight declines in illicit drug use for the first time this decade. Nonetheless, juvenile drug arrests continue to climb, and drug use is pervasive among juveniles in custody for robbery, burglary, assault, and other offenses.

Yet, funding for prevention and treatment — particularly for women and children — remains the *lowest priority* of federal drug control spending. This year, when the federal drug budget will exceed $18 billion, only one-third of that supports reducing the demand for drugs through education and treatment. Most of the money still goes for enforcement, interdiction, and prisons — in many cases, after it is too late, and lives have been lost or ruined.

We have learned from many years of research that treatment for families means prevention for children. We also know that after-school programs for teenagers keep them involved in productive, safe activities during the time when they would otherwise be unsupervised and most at risk of smoking, drinking, drug use, and other risky behaviors. It is long past time to *put children first* in our approach to the nation's drug problems.

We want to thank Mathea Falco, President of Drug Strategies, for preparing this section on alcohol, tobacco, and other drugs.

- Five percent of all 12th graders reported in 1996 being injured with a weapon such as a knife, gun, or club during the prior 12 months while they were at school (inside or outside the school building or on a school bus), and 12 percent reported that they had been injured intentionally without a weapon while at school.
- In 1996-97, ten percent of all public schools reported at least one serious violent crime to the police or a law enforcement agency, and another 47 percent reported a less serious violent or non-violent crime, such as physical attack or fight without a weapon, theft/larceny, or vandalism. Forty-three percent of public schools did not report any type of crime.
- Students living in urban areas reported more vulnerability to serious violent crime both at and away from schools than students in suburban and rural areas, but student vulnerability to theft was similar in all three areas both at and away from school.

- In the 1993-94 school year, 12 percent of all elementary and secondary school teachers were threatened with injury by a student, and four percent were actually physically attacked by a student.
- Between 1989 and 1995, the percentage of students who felt unsafe at school increased from six percent to nine percent and the percentage who felt unsafe going to or coming from school rose from four percent to seven percent.
- The percent of students who avoided one or more places at school for fear of their own safety increased from five percent to nine percent between 1989 and 1995, representing 2.1 million students.
- The percentage of students who reported that street gangs were present at their schools nearly doubled from 1989 to 1995, increasing from 15 percent to 28 percent.
- Between 1993 and 1995, there was a decrease in the number of male high school seniors who reported carrying a weapon to school, dropping from 14 percent to nine percent.

The Department of Education's *1998 Annual Report on School Safety*[27] indicated that schools are responding to the threat of crime in a number of ways, including zero-tolerance policies for weapons, increasing school security, and implementing formal school violence prevention or reduction programs. The Gun-Free Schools Act enacted in 1994 also provides that each state receiving federal funds under the Elementary and Secondary Education Act must have a law that requires all education agencies to expel for at least one year any student found bringing a firearm to school. The states reported that they had expelled over 6,000 students for bringing a firearm to school in 1996.[28]

Many schools are working with communities to develop comprehensive school safety plans. The *Annual Report on School Safety* outlines numerous local initiatives that schools and communities are pursuing and highlights several model projects, along with a series of concrete steps that schools, parents, communities, businesses, and elected officials can take to make schools safer. For example, the report highlights the School Improvement Plan (SIP) implemented at the King William C. Lunalilo Elementary School in Honolulu, which emphasizes self-awareness, social skills, decision-making skills, and prevention of substance abuse. The school offers conflict resolution- and peer-mediation training as well as a Big Buddy/Little Buddy mentoring program. It also provides a Primary School Adjustment Program for students in need of more intensive help. This initiative focuses on early identification of potential troubles and provides behavioral development services. Data collected on the program during the past four years shows reductions in violent behavior and in the number of student referrals to the principal's office. In a survey, 78 percent of the parents of children participating in the Primary School Adjustment Program reported that their children behaved better at home, and 72 percent reported that their children had higher self-esteem.

The report also cites a program at Kennedy Middle School in Eugene, Oregon, called Second Step that seeks to prevent violence by developing empathy skills, problem-solving skills, and anger-management techniques. In addition, the school adopted the Effective Behavior Support Program, an intensive intervention effort for students with chronic behavior problems. In the first year of the program, disciplinary referrals decreased by 25 percent, and school staff report that more students are using problem-solving approaches rather than violence to resolve conflicts.

Jesse Keen Elementary School, in Lakeland, Florida, reported a 28 percent decrease in disciplinary referrals to the principal's office and a drop in suspensions from 65 to 19 after implementing Project Achieve, a program that uses a Stop & Think Social Skills process, in which students are taught the steps for making good choices.

In addition to these and other promising school-based initiatives, there were efforts to address school violence at the federal level. The Clinton administration convened a White House Conference on School Safety and proposed a series of new initiatives, including:

- A School Emergency Response to Violence project (Project SERV) to help schools and local communities respond to school-related violent deaths;
- A $65 million initiative to hire up to 2,000 community police and school resource officers to work in schools with serious crime problems and to train police, educators, and other members of the community to help recognize the early warning signs of violence;
- Changes in the Safe and Drug-Free Schools Program that require schools to adopt comprehensive safety plans; and
- A new Safe Schools-Safe Communities initiative to help 10 cities develop and implement community-wide school safety plans.

The administration also announced a partnership with the television network MTV to engage young people in solutions to violence through a year-long media campaign that will include distribution of a Youth Action Guide that encourages mentoring and other positive alternatives to violence.

Juveniles in Confinement in America

More than 100,000 children are in detention, correctional, or shelter facilities on any given day, according to the most recent statistics.[30] Those charged with delinquency offenses constitute 84 percent of the children in custody. The remaining 16 percent include status offenders such as runaways, truants, or curfew violators, children who are victims of abuse or neglect, and children with mental or developmental disabilities. The vast majority of children either accused of or convicted for delinquency offenses — about 66,000 — were held in public facilities, but some 17,000 were in private custodial facilities.

According to the Bureau of Justice Statistics' Annual Survey of Jails, a one-day count of the total jail population, it is estimated that more than 8,000 youths under the age of 18 were held in adult jails in 1996. This represents a stunning increase of 20 percent in just two years.[31] Although the majority of youths under age 18 held in adult jails were held as adults (they had been charged or convicted in an adult court), the number of those in adult jails despite being held *as juveniles* (under the jurisdiction of the juvenile court) *rose 50 percent* between 1994 and 1996 — from 1,600 to 2,400. In contrast, the overall jail population grew only seven percent during that same period. It is not known how many of these juveniles were in adult jails under the limited exceptions allowed by the federal Juvenile Justice and Delinquency Prevention Act, which generally prohibits holding children in adult jails — and how many were being held in violation of the law.[31]

This is cause for much concern. Children who are held in adult jails are eight times more likely to commit suicide, five times more likely to be sexually assaulted, twice as likely to be beaten by staff, and 50 percent more likely to be attacked with a weapon than young people in juvenile facilities, according to several studies.[32]

The conditions in juvenile facilities are also of concern. The Department of Justice's 1997 report on juvenile offenders found that half of all public juvenile detention centers were overcrowded. This contributes to increased physical and mental problems, more frequent disciplinary incidents, higher rates of assault and suicide, and decreased effectiveness in programs and services.[33]

Amnesty International issued a report in November 1998, *Betraying the Young: Human Rights Violations against Children in U.S. Justice System*,[34] citing numerous cases where children were held in facilities that were seriously overcrowded and were denied mental health and other important services. The report cited the following examples:

- In mid-1998, New York City juvenile authorities leased a section of an 800-bed prison barge designed for adult inmates as a temporary measure to cope with an increased number of juveniles who had been detained or were awaiting transfer to correctional facilities. Children *as young as 10* were held on this facility last year. A New York Legal Aid Society attorney described these conditions as "horrendous," with the smaller children being unable even to see out of their cells.[35]

Preparing Children for the 21st Century: The Promise and Pitfalls of the Internet

Computers and the Internet can open the doors to knowledge, learning, and opportunity. Unfortunately, they can also open the door to inappropriate material and exacerbate gaps in access to education, skills, and opportunities between children from low-income families and those from higher-income families. While computer skills are important for our children, we must make sure that children's experiences with the Internet are safe, and that all children have the same opportunity to learn and work on the World Wide Web.

Computer literacy skills are key to future opportunities. *The Parents Guide to the Information Superhighway*, published by the National PTA and the National Urban League, estimates that by the year 2000, 60 percent of new jobs in America will require computer know-how. They also report that workers with computer skills earned 10 percent to 15 percent more than workers without such skills in the 1990s.[1] Computer literacy is critical for our children to develop successful school and work careers.

Unfortunately, children on the Internet are vulnerable to pitfalls. One area of concern is that alcohol and tobacco companies use provocative advertisements to target young online consumers. According to a Center for Media Education report, more than 35 alcoholic beverage companies advertise on the Web, and more than 50 Web sites are dedicated to smoking.[2] These corporate Web sites use humor, hip language, and interactive games and contests to entice young computer users onto their sites and products.[3] The report notes that screening software programs or blocking technologies do not adequately protect children from this online marketing of alcohol and tobacco.

Another hazard exists when commercial sites try to collect personal information from children for marketing purposes. Divulging private information can make children prey to unwanted solicitation from companies or adults. Research shows that children under 12 spend a total of $14 billion a year and teenagers spend $67 billion a year, making many young people vulnerable to marketing ploys.[4] Moreover, submitting personal facts can make children susceptible to predatory adults.

An additional concern the Internet presents is unequal access to computers. In 1995, twice as many schools in higher-income areas had access to networked computers than schools in lower-income districts. This is quite properly causing many educational and media groups to warn of a digital divide, which will only widen the already high resource and educational gap between upper-income and lower-income school districts. Computers should help equalize and enhance the playing field for disadvantaged children, not perpetuate and aggravate educational imbalances.

- Children in Maine were housed in an overcrowded, dilapidated facility that the governor described as "shameful" and the Speaker of the Maine House of Representatives called "a public disgrace."
- The California Youth Authority's institutions housed nearly 25 percent more youth than their specified capacity in 1998.
- In Illinois, a detention center designed to house 498 children had an average daily population of 629.

Internet policy in 1998. In order to help ensure access to the Internet for all students, Congress mandated as part of the Telecommunications Act of 1996 a special e-rate (education rate) for schools and libraries. Although efforts to repeal these provisions have been unsuccessful, the future of this program continues to be under attack. Without this special rate, many schools in low-income communities would have even less ability to provide Internet access for their students.

National Kids Online Week was launched last September with a national town hall meeting featuring U.S. Education Secretary Richard Riley, teachers, librarians, children, and parents. Participants discussed Internet safety basics, and how to reap the rewards of the Internet while avoiding the risks.

In 1998, Congress passed the Child Online Protection Act (COPA). This bill would regulate Internet sites that collect personal information from children under 12, and those that post information harmful to minors; however, the constitutionality of this statute has been challenged in federal court. A district court in Pennsylvania issued a preliminary injunction in February 1999, blocking its enforcement.

The future of the Internet. While more research is needed on the impact of computers and the World Wide Web on children's educational and social development, there are steps we can take to maximize the benefits and reduce the risks from this new tool. For example, parents should stay involved in their children's Internet use. Placing computers in family rooms (rather than children's bedrooms) is an easy way to monitor what children are viewing. Parents can also play interactive games and/or explore interesting Web sites with their children. Going online should be safe, fair, and fun for all children. The pitfalls of the Internet should not threaten the promise of it. Policy makers also must help ensure that all children, regardless of their economic status, have access to this learning tool.

---

1. Lazarus, W., & Lipper, L. (1998). The parents' guide to the information superhighway: Rules and tools for families online. Washington, DC: The Children's Partnership.

2. Williams, W., Montgomery, K., & Pansik, K. (1997). Alcohol and tobacco on the Web: New threats to youth. Washington, DC: Center for Media Education.

3. Williams, W., Montgomery, K., & Pansik, K. (1997). Alcohol and tobacco on the Web: New threats to youth. Washington, DC: Center for Media Education.

4. Center for Media Education. (1998). The deceiving Web of online advertising. Washington, DC: Author.

Minority children in the juvenile justice system. The Amnesty report presents a scathing portrait of other aspects of the American juvenile justice system, noting that at every stage of the juvenile justice system, racial and ethnic minority children are present in numbers greatly out of proportion to their numbers in the community. Black youths are twice as likely to be arrested and seven times more likely to be held in a detention facility as White youth. Nearly seven out of ten youths in secure confinement facilities are members of minority groups.[16]

The federal Juvenile Justice and Delinquency Prevention Act focuses on the issue of disproportionate confinement of minority youth by requiring that states determine whether the proportion of minorities in confinement exceeds their proportion in the general population and, if so, implement efforts to reduce such overrepresentation. As indicated above, however, minority overrepresentation is not limited just to confinement in secure facilities; it also appears at every other major decision point in the juvenile justice system: arrest, detention, prosecution, adjudication, and transfer to adult court.[37] Many attribute this overrepresentation to "selection bias," a process by which the justice system deals more severely with minority juveniles than with those who are White. For example, police officers are generally more likely to stop and question a group of minority youth, and prosecutors are more likely to deem prior involvement in criminal activity by minority youth as a stronger indication of a predilection to crime than the same record of a non-minority youth.[38]

By the most recent reports, 46 states or territories have identified a problem with minority overrepresentation, and many have begun efforts to address these problems. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides discretionary grants to states and local entities to develop model programs to address the Disproportionate Minority Confinement (DMC) problem and, in 1991, created a five-state DMC initiative to test different approaches. Each of the five states — Arizona, Florida, Iowa, North Carolina, and Oregon — has implemented a different approach to the problem; in each case, however, the approach has looked at the factors that contribute to minority youth overrepresentation throughout the juvenile justice system, not simply in secure facilities. For example:

- Iowa determined that unintentional decision-making bias along with other factors contributed to the overrepresentation of minority youth and developed a statewide cultural competency training program for juvenile justice personnel to respond to this problem.
- Florida focused its intervention strategy on the intake stage of the juvenile justice system and implemented a Civil Citation Program to divert juveniles from the justice system at the point of initial contact.
- One Oregon county offered additional counseling and mentoring services to minority juveniles in order to improve communication between them and the juvenile justice system and strengthen their ability to negotiate the system.

According to OJJDP, while the results of each of the pilot programs varied, the programs have increased understanding of the problems of DMC, and the positive outcomes of these projects are expected to grow over time.[39]

Last year, some members of Congress tried to repeal the DMC provision of the federal Juvenile Justice and Delinquency Prevention Act. Fortunately, those efforts failed. As a result, states will continue to work on various approaches addressing disproportionate minority confinement in their juvenile systems. However, opponents are likely to continue efforts to weaken or repeal these DMC provisions during the 106th Congress.

Alternatives That Work: Giving Youth Real Choices and Opportunities

The good news is that we do know what works to help keep young people — even those at the highest risk — out of trouble and on the safe path to adulthood. Communities across America are investing in juvenile crime prevention programs that are producing dramatic reductions in juvenile crime rates.

Successful community initiatives. In **Boston**, a comprehensive strategy that involved the entire community resulted in an *80 percent drop* in juvenile homicide rates between 1990 and 1995, a *65 percent decline* in the juvenile arrest rate for firearms-related assaults in one year alone, and a *20 percent drop in violent crime in the schools in one year.*[40] This remarkably successful strategy had a number of key components:

- **Operation Night Light** assigned police officers and probation officers to make regular home, school, and work site visits to youth on probation to provide for interaction between families, police, and the probation department.
- **Operation Cease Fire** and the **Boston Gun Project** targeted gang activities in the city to stem the flow of firearms into the city.
- The **Ten Point Coalition** united clergy and lay people with the police, schools, the Department of Youth Services, and others to reduce gun violence in their community and develop alternatives for young people through a street ministry effort.

Boston's success has been attributed to a unique combination of long-term, multi-dimensional strategies that involve extensive commitments of public and private resources from a broad range of organizations and individuals.[41]

Other communities are trying similar approaches, bringing together different organizations and individuals to work toward common goals. In **Savannah**, a collaboration of 23 local public- and private-sector organizations created a Family Resource Center whose mission was to reduce neighborhood violence and improve children's chances for "beating the odds." The Center provides a range of options for youth and their families, including classes, a health clinic, counseling, recreational programs, and a kids' café for meals. Local youth are actively involved in the leadership of the program. Violent juvenile crime is reported to have begun to decline in the neighborhood as the community partners continue to work to improve the safety and success of the neighborhood initiative.

New studies of what works. The Center for the Study and Prevention of Violence at the University of Colorado at Boulder has published a series of reports identifying 10 programs around the country that have demonstrated their ability to reduce violence among adolescents, using rigorous scientific measurements of program effectiveness. Each of the programs identified in *Blueprints for Violence Prevention*[42] has a strong research design, evidence of significant deterrent effects, a sustained positive impact, and took place successfully in multiple locations. The programs included school-based projects to reduce victim/bully problems, mentoring initiatives, and efforts designed to prevent drug use through social and general life skills training.

One successful example identified in a 1998 *Blueprint* report is Multisystemic Therapy (MST), an intensive family and community-based treatment program that targets chronic, violent, or substance-abusing juveniles and their families. Part of the initiative focuses on helping parents develop the skills and resources needed to cope with the challenges of raising a teenager, while the other part helps their children acquire the skills to cope with family, peer, school, and neighborhood problems. At different sites the MST program demonstrated:

- Reductions of between 25 percent and 70 percent in long-term rates of re-arrest;
- A 47 percent to 64 percent drop in out-of-home placements;
- Extensive improvements in family functions; and
- Decreased mental health problems for serious juvenile offenders.

The average cost of the program is $4,500 per youth, which makes it one of the most cost-effective of a range of intervention programs aimed at serious juvenile offenders. Launched in South Carolina, the program has successfully been replicated in other states.

As the *Blueprints for Violence Prevention* report notes, despite the proven results, America still puts more money into prisons than in prevention programs. Policies often place more emphasis on reacting to juvenile crime after the fact than on preventing children from becoming youthful offenders in the first place. We need to reverse these priorities and invest more at the front end — *before* children get into trouble and lives are needlessly ruined. Fortunately, there are signs that more and more policy makers are getting the message that prevention works. Equally important, nine out of 10 police chiefs, as well as other community leaders, support prevention programs

as an effective way to fight juvenile crime, according to a recent survey of 780 police chiefs conducted by Northwestern University.[43]

Youth Employment and Youth Development Initiatives

Joblessness contributes to many problems for young people, ranging from crime and youth gangs to welfare dependency, and one of the best prevention strategies is helping young people find jobs or gain the skills needed to enter the workforce. Although the nation's unemployment rate has dropped below 5 percent, the teenage unemployment rate is almost triple the adult rate — nearly 15 percent for youth ages 16 to 19 in 1998 compared to 4.5 percent for adults. In some cities, it is even higher. The Department of Labor reported last year that the youth unemployment rate was 25 percent in Los Angeles, 27 percent in Baltimore, and 28 percent in Philadelphia.[44] Black teenagers had a national unemployment rate of 27.6 percent in 1998. Without help, these young people will continue to be locked out of the economic boom. Many of these unemployed youths lack work experience or skills and need programs that can help them enter the workforce.

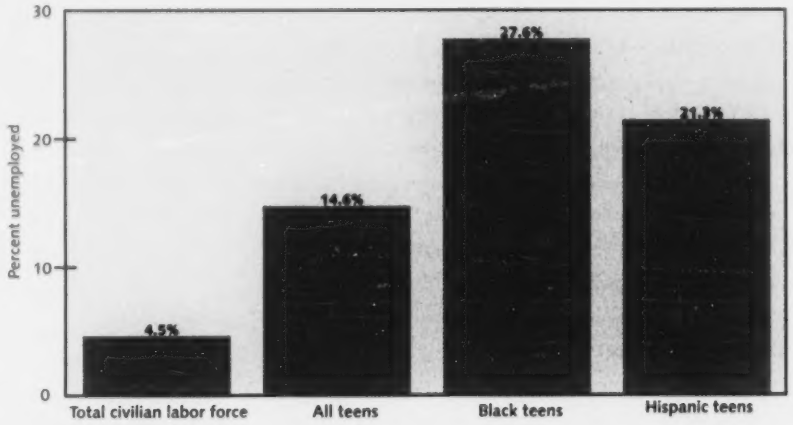
The Job Corps, the summer youth job program, and YouthBuild, a program funded by the Department of Housing and Urban Development, offer teenagers and young adults the chance to acquire the skills and experience they need. The Job Corps provides opportunities to nearly 70,000 economically disadvantaged youth each year, while the summer youth jobs program gave some 530,000 low-income teenagers work experience last year. YouthBuild will provide training and service opportunities to nearly 2,300 young people in 1999 who will work on construction projects meeting community needs for housing and other facilities. Nearly 8,000 young workers have participated in the program since it was started in 1993.

In 1998, a new youth employment initiative, the first in many years, was authorized as part of the comprehensive employment legislation, the Workforce Investment Act of 1998. The new program is designed to help up to 50,000 young people in high poverty areas find jobs. The 1998 legislation also combined the summer youth employment program with year-round youth training funds to create a single funding stream for youth employment pro-

TEEN JOBLESS RATES

The unemployed rate for teenagers was triple that of adults in 1998. Nearly one-third of Black teenagers were unemployed.

UNEMPLOYMENT RATES
1998 ANNUAL AVERAGE



Source: U.S. Department of Labor, Bureau of Labor Statistics, *Employment and Earnings*, January 1999.

152

Firearm deaths of children and teens, ages 0-19, by manner, 1979-1996*

	Homicide	Suicide	Accident	Unknown	Total
1979	1,651	1,220	726	113	3,710
1980	1,743	1,214	689	103	3,749
1981	1,660	1,213	604	112	3,589
1982	1,498	1,207	550	77	3,332
1983	1,238	1,150	504	70	2,962
1984	1,289	1,114	552	75	3,030
1985	1,322	1,256	519	72	3,169
1986	1,513	1,293	472	71	3,349
1987	1,573	1,281	467	79	3,400
1988	1,953	1,387	543	91	3,974
1989	2,367	1,380	567	70	4,384
1990	2,852	1,476	541	66	4,935
1991	3,247	1,436	551	95	5,329
1992	3,336	1,426	501	90	5,353
1993	3,625	1,460	526	104	5,715
1994	3,579	1,565	512	137	5,793
1995	3,249	1,450	440	115	5,254
1996	2,836	1,309	376	92	4,613

*Excludes legal (police and other law enforcement) intervention and deaths from air rifles.
Source: National Center for Health Statistics, Division of Vital Statistics, Table 292 (unpublished). Calculations by Children's Defense Fund

grams, giving local communities more control over how to allocate funds in their communities.

These youth employment programs fill a critical vacuum for many young people, but they reach only a portion of those who need help getting into the job market. One study found that less than 25 percent of the young people enrolled in the summer jobs program would have been able to find a job without it.[45] The consequences for those who do not have access to this kind of help are clear. As the labor market demands higher and higher skill levels, it is critical that the nation invests adequate resources to provide opportunities to all young people who need help entering the workforce. Without the hope of permanent jobs with career ladders and livable wages and benefits, too many of these young people will be left behind. The nation and its communities will ultimately pay the price in higher rates of crime, welfare costs, and lost potential.

Gun Safety Initiatives

While progress at the national level on common-sense gun safety laws has stalled, a number of states and local elected officials have undertaken efforts to protect their communities by passing new gun safety laws and regulations.

Child Access Prevention (CAP) laws. A 1998 survey sponsored by the Center to Prevent Handgun Violence found that more than 40 percent of American households with children have guns.[46] Safe storage of these weapons is absolutely imperative. As of January 1999, 16 states had passed laws to make gun owners responsible for storing firearms in a manner that makes them inaccessible to children. A recent study found these laws are effective in reducing accidental shooting deaths among children younger than 15 years,[47] showing a 23 percent reduction in accidental shooting deaths of children

in states with such laws on the books. Despite the proven success of these laws, Congress has refused to implement these protections on a nationwide basis. In 1998, the Senate rejected by a vote of 69 to 31 consideration of CAP legislation.

Holding gun manufacturers accountable. Following the success of states in holding tobacco companies responsible for the health costs incurred from cigarettes, local officials are taking aggressive stands to protect their communities from guns. In 1998, Chicago and New Orleans filed suit against gun manufacturers to recover the costs of gun violence. The cities of Miami, Florida, and Bridgeport, Connecticut, filed similar suits earlier this year. The U.S. Conference of Mayors has also called on Congress to pass legislation to put guns under the jurisdiction of the Consumer Product Safety Commission, so that they can be regulated for safety like other products.

Child safety locks. An October 1998 report by the Violence Policy Center found that 16 of the 20 gun manufacturers who entered into a voluntary agreement in 1997 to supply child safety locks with every new handgun sold were not complying with that commitment.[48] Nevertheless, Congress continues to refuse to mandate child safety locks, despite the overwhelming public support. A recent survey indicated that 88 percent of those surveyed, including 80 percent of those who owned handguns, favor legislation requiring guns to be child-proofed.[49]

Legislative Developments

Federal initiatives. Like education, most of the responsibility for juvenile justice rests at the state and local level. Since 1974, however, with the passage of the Juvenile Justice and Delinquency Prevention Act, the federal government has provided funds to states to help improve juvenile justice systems. The act now requires that states, as a condition of receiving federal funds, remove children from adult jails and prisons in most cases and keep status offenders (i.e., runaways, truants, and other children who have not committed any criminal acts) out of secure facilities. For those children who are left in adult jails or prisons, the act requires that they be separated from adult inmates. As discussed earlier, the act also requires states to address problems of minority disproportionate confinement.

However, in 1998, Congress was poised to pass the so-called "Violent and Repeat Juvenile Offender Act," which would have gutted the core protections in the federal law, allowing children to be incarcerated with adults without adequate safeguards, permitting runaways and truants to be put in adult jails, and repealing disproportionate minority confinement mandates. Lacking adequate investments in prevention programs and failing to address the problem of gun violence, the measure would have done little to reduce juvenile crime. At the same time it would have exposed many children to dangers in adult facilities.

In addition, early versions contained sweeping provisions that would have made confidential juvenile records widely available to schools and potential employers; required school districts to expel children who used tobacco, alcohol, or drugs; and imposed the death penalty for 16- and 17-year-olds at the federal level.

While similar legislation passed the House of Representatives, the Senate took no action, resulting in the bill's death. This victory for children was the result of vigorous efforts by a broad range of groups opposed to the measure, including the American Bar Association, National Governors Association, Children's Defense Fund, and Black Community Crusade for Children.

The Senate also rebuffed by a strong bipartisan vote of 64 to 36 an amendment offered to fiscal year 1999 appropriations legislation which would have reduced funding for the juvenile delinquency prevention programs. Instead, funding was increased for the Juvenile Justice and Delinquency Prevention Act from $230 million in fiscal year 1998 to $267 million for fiscal year 1999, including $20 million more for prevention programs. In addition, $250 million was appropriated for the Juvenile Accountability Incentive block grant program which provides funds to states in 12 juvenile justice law enforcement areas, including construction of juvenile detention

facilities, training programs for prosecutors, and establishment of gun and drug courts for juveniles.

The growing recognition of the importance of investing adequate resources in after-school programs that keep children occupied in productive activities during the critical hours when violent juvenile crime peaks (3:00 p.m. to 7:00 p.m.) resulted in a five-fold increase — from $40 million to $200 million — in funding for the 21st Century Community Learning Centers Program. The Clinton administration's fiscal year 2000 budget seeks further sharp increases, requesting funding at triple its current level — to $600 million. Changes enacted in child nutrition programs will also make it easier to provide meals to children and youths up to age 18 in after-school and summer programs (see the Child Care chapter for more detail).

Last year, the Summer Youth Jobs Program survived yet another attempt by some members of Congress to eliminate funding. Appropriations were maintained at the previous year's level of $871 million for fiscal year 1999. The new youth employment initiative for targeted areas of high unemployment received $250 million, and the Job Corps received $1.3 billion.

The 106th Congress will likely again consider juvenile justice legislation, as well as reauthorization of the Safe and Drug Free School Program as part of the Elementary and Secondary Education Act, increased funding for after-school programs and other school-related measures, as well as gun safety legislation.

State initiatives. Mirroring the federal government's approach, most states have focused more efforts on punishing juvenile offenders than on preventing children from going astray in the first place. A 1998 report, *State Legislative Responses to Violent Juvenile Crime: 1996-97 Update*,[50] highlights state trends to allow more juveniles to be tried as adults, weaken confidentiality protections for juvenile offenders, and shift state juvenile justice laws away from rehabilitation and towards punishment.

A number of states also are experimenting with "blended" and other sentencing options, as well as the concept of graduated sanctions. Under "blended sentencing," a juvenile is given both a juvenile sentence and an adult sentence. If the juvenile complies with the terms of the juvenile sentence, he or she is released; if not, he or she must then serve the adult sentence as well. Graduated sanctions refers to the practice of imposing a punishment for every delinquent act and increasing the punishment's severity in accordance with the severity of each offense. Under the "Violent and Repeat Juvenile Offender Act" that died in the 105th Congress, states would have been required to adopt graduated sanction systems in order to receive funds under the Juvenile Justice Accountability block grant. Although there is political support for these approaches, policies which impose rigid or arbitrary sentencing rules can undermine the fundamental principles of the juvenile justice system, which are intended to promote individualized treatment and rehabilitation of young offenders.

It has been noted that a major consequence of the new "get tough" juvenile laws is an overloading of juvenile justice systems to crisis levels.[51] As a result, there is some evidence that some state policy makers are starting to rethink these approaches. For example, Oregon rewrote its juvenile law in 1996 to change its primary purpose from prevention and rehabilitation to one emphasizing accountability and punishment. It also enacted mandatory minimum sentencing guidelines. Just one year later, the state pulled back from some of its more draconian provisions by making changes in the new mandatory minimums to allow consideration of various criteria, such as whether the offense was the juvenile's first and the number and type of any prior convictions.[52]

Similarly, Ohio has implemented a program called RECLAIM (Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors) to respond to the problem of overcrowding in its juvenile facilities. State officials needed to reduce the number of juveniles confined in state facilities without compromising the need to protect the public safety against serious and violent offenders. This pilot program allows counties the freedom to decide whether to send a youth to a state facility for incarceration or use the funds that would have been spent on in-

carceration to treat less serious offenders in their communities. A study of the counties that have participated so far found that incarceration rates for less-serious offenses decreased significantly while rates for serious offenders increased. In addition, nearly all the counties involved increased the number of community-based services.[53]

Moving Forward: A 1999 Agenda for Action

The continued decline in the numbers of children who are hurt by violence and the dropping juvenile crime rate are good signs for everyone. But there are still far too many young people who end up in a juvenile justice system that has become increasingly punitive. Obviously, the best remedy is to find ways to keep children out of trouble and on the safe path to adulthood. That requires the commitment of a broad range of individuals and organizations, from political and civic leaders to judges and law enforcement officers; from community workers, religious congregations, and schools to parents and young people themselves.

At all levels, advocates should:

- **Fight for increased investment in prevention programs.** Prevention programs work. We need to spend more money on keeping children out of trouble rather than continuing to pour dollars into building new prisons.
- **Develop after-school and summer programs to give children productive activities in their out-of-school hours**. After-school and summer programs — at schools, churches, YMCAs, and other community-based organizations — provide positive opportunities for children during the hours they are not in school and their parents are at work. Programs such as the 21st Century Learning Centers need to be expanded so more children can participate.
- **Provide mentoring and youth employment opportunities that allow youth to explore and develop positive relationships**. Communities need to provide more opportunities for young people to develop solid relationships with caring adults and job training programs that help them get a foothold in the job market. An evaluation of the Department of Justice Mentoring Program (JUMP) shows that adult mentoring programs have a measurable impact on reducing youth crime. One study found young people in mentoring programs such as Big Brothers/Big Sisters were 46 percent less likely to start using drugs, 27 percent less likely to start using alcohol, and almost 33 percent less likely to hit someone. These children skipped fewer classes, showed measurable increases in grade point averages, and demonstrated improvements in relationships with peers and family members.[54]
- **Oppose efforts to pass regressive legislation.** Advocates and community leaders from all sectors need to tell Congress not to weaken laws that protect children from confinement in adult jails. Troubled children need positive role models as mentors — not the hardened adult criminals who would be their fellow inmates. Runaways and truants especially do not belong behind prison bars. Juvenile courts and juvenile justice systems need to be strengthened so that they can provide appropriate services and treatment for children who commit crimes.
- **Support common sense legislation to keep children safe from guns.** Laws to keep children safe from guns are urgently needed. No child should be able to obtain a gun at home or in the community. Policy makers must understand the connection between the availability of guns and violence by and against children. Our homes and communities need to be protected from gun violence.

Endnotes

1. Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Tabor, J., Beuring, T., Sieving, R., Shew, M., Ireland, M., Bearinger, L., & Udry, J. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278*, 823-832.

2. Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Tabor, J., Beuring, T., Sieving, R., Shew, M., Ireland, M., Bearinger, L., & Udry, J. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278*, 823-832.

3. U.S. Department of Health and Human Services. (1999). Drug use eases among teens for second consecutive year. Data retrieved from the Internet, www.hhs.gov, on Feb. 9, 1999.

4. Federal Bureau of Investigation. (1998). *Uniform crime reports for the United States, 1997*. Washington, DC: U.S. Department of Justice.

5. Snyder, H. (1998, December). *Juvenile Justice Bulletin. Juvenile arrests 1997* (NCJ 173938). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

6. Bureau of Justice Statistics. (1998). Sourcebook of criminal justice statistics 1997 (Table 3.5). Washington, DC: U.S. Department of Justice.

7. Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Tabor, J., Beuring, T., Sieving, R., Shew, M., Ireland, M., Bearinger, L., & Udry, J. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. Journal of the American Medical Association, 278, 823-832.

8. Office of Juvenile Justice and Delinquency Prevention. (1997). Juvenile offenders and victims: 1997 update on violence (pp. 4-5). Washington, DC: U.S. Department of Justice.

9. Calculations by the Children's Defense Fund from unpublished raw data provided by the National Center for Health Statistics.

10. Office of Juvenile Justice and Delinquency Prevention. (1997). *Juvenile offenders and victims: 1997 update on violence* (p. 12). Washington, DC: U.S. Department of Justice.

11. Office of Juvenile Justice and Delinquency Prevention. (1997). *Juvenile offenders and victims: 1997 update on violence* (p. 27). Washington, DC: U.S. Department of Justice.

12. Children's Defense Fund. (1998, October). Lowest American gun death toll for children since 1989. *CDF Reports*, 19(10), 1-2,13-17.

13. Children's Defense Fund. (1998, October). Lowest American gun death toll for children since 1989. *CDF Reports*, 19(10), 1-2,13-17.

14. Children's Defense Fund. (1998, October). Lowest American gun death toll for children since 1989. *CDF Reports*, 19(10), 1-2,13-17; Grambs, M., & Perrino, T. (1997). *The East Bay Gun Violence Prevention Project*. Oakland, CA: East Bay Public Safety Corridor Partnership.

15. Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Tabor, J., Beuring, T., Sieving, R., Shew, M., Ireland, M., Bearinger, L., & Udry, J. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278*, 823-832.

16. Child Welfare League of America. (1997). *Sacramento County Community Intervention Program*. Washington, DC: Author.

17. Office of Juvenile Justice and Delinquency Prevention. (1998). *Drug identification and testing in the juvenile justice system*. Washington, DC: U.S. Department of Justice.

18. Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Tabor, J., Beuring, T., Sieving, R., Shew, M., Ireland, M., Bearinger, L., & Udry, J. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278*, 823-832.

19. Olds, D., Hill, P., & Rumsey, E. (1998, November). *Juvenile Justice Bulletin. Prenatal and early childhood nurse home visitation* (NCJ 172875). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

20. Lobert, R., & Farrington, D. (Eds.). (1998). *Serious and violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage Publications.

21. Poe-Yamagata, E., & Butts, J. (1996). *Female offenders in the juvenile justice system*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

22. Girls Incorporated. (1996). *Prevention and parity: Girls in juvenile justice*. New York: Author.

23. Snyder, H. (1998, December). *Juvenile Justice Bulletin. Juvenile arrests 1997* (NCJ 173938). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

24. Girls Incorporated. (1996). *Prevention and parity: Girls in juvenile justice*. New York: Author.

25. Donohoe, E., Schiraldi, V., & Zeidenberg, J. (1998). *Schoolhouse hype: School shootings and the real risks kids face in America*. A report from the Justice Policy Institute retrieved from the Internet, www.cjcj.org/jpi/schoolreport, on Dec. 19, 1998.

26. U.S. Departments of Education and Justice. (1998). *Indicators of school crime and safety, 1998*. Washington, DC: U.S. Government Printing Office.

27. U.S. Department of Education. (1999). *Annual report on school safety, 1998*. Retrieved from the Internet, www.ed.gov/pubs/AnnSchoolRept98, on Jan. 10, 1999.

28. U.S. Department of Education. (1999). *Report on state implementation of the Gun-Free Schools Act—School Year 1996-97*. Retrieved from the Internet, www.ed.gov/pubs/gunfree, on Jan. 10, 1999.

29. Sickmund, M., Snyder, H., Poe-Yamagata, E. (1997). Juvenile offenders and victims: 1997 update on violence (pp. 38-39). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

30. Sickmund, M., Snyder, H., Poe-Yamagata, E. (1997). *Juvenile offenders and victims: 1997 update on violence* (pp. 43). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

31. Regulations issued by the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, allow limited exceptions to the requirement that juveniles be kept out of adult jails, i.e., a six-hour hold for the purpose of identification, processing, and transfer to a juvenile facility and

BEST COPY AVAILABLE

a rural exemption, which allows 24-hour holds pending transportation to alternative facilities.

32. Forst, M., Fagan, J., & Vivona, T. (1989). Youth in prisons and training schools: Perceptions and consequences of the treatment-custody dichotomy. *Juvenile and Family Court Journal, 40,* 1-14; Flaherty, M. (1980). *An assessment of the national incidence of juvenile suicide in adult jails, lockups, and juvenile detention centers.* Washington, DC: U.S. Department of Justice.

33. Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. (1994). *Conditions of confinement: Juvenile detention and corrections facilities.* Washington, DC: Author.

34. Amnesty International. (1998, Novemb.r). *United States of America rights for all. Betraying the young: Human rights violations against children in the U.S. justice system* (AMR 51/57/98). New York: Author.

35. City detaining more juveniles before trial. (1998, July 2). *The New York Times,* p. B-1.

36. Devine, P., Coolbaugh, K., & Jenkins, S. (1998, December). *Juvenile Justice Bulletin. Disproportionate minority confinement: Lessons learned from five states* (NCJ 173420). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

37. Hsia, H., & Hamparian, D. (1998, September). *Juvenile Justice Bulletin. Disproportionate minority confinement: 1997 update* (NCJ 170606). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

38. Devine, P., Coolbaugh, K., & Jenkins, S. (1998, December). *Juvenile Justice Bulletin. Disproportionate minority confinement: Lessons learned from five states* (NCJ 173420). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

39. Devine, P., Coolbaugh, K., & Jenkins, S. (1998, December). *Juvenile Justice Bulletin. Disproportionate minority confinement: Lessons learned from five states* (NCJ 173420). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

40. U.S. Department of Justice. (1996, September). *Youth violence: A community-based response. One city's success story.* Washington, DC: Author.

41. Prothrow-Stith, D., & Spivak, H. (1997, March 2). With youth crime down in Boston what do we do for an encore? *Boston Sunday Globe.*

42. Center for the Study and Prevention of Violence, Institute of Behavioral Studies, University of Colorado (Boulder). (1998). *Blueprints for violence prevention, Book 6.* Golden, CO: Ventura Publishing.

43. Fight Crime: Invest in Kids. (1996, July). Police chiefs say more government investments in kids are key to fighting crime (Table 2A). Washington, DC: Author.

44. U.S. Department of Labor. (1998, July 2). *Youth investment at risk.* Washington, DC: Author.

45. U.S. Department of Labor. (1998, July 2). *Youth investment at risk.* Washington, DC: Author.

46. Center to Prevent Handgun Violence. (1998, Nov. 13). Many parents leave guns accessible: Parents concerned but don't take action to protect kids from guns, new study shows (press release). Washington, DC.

47. Cummings, P.,Grossman, D., Rivara, F., & Koepsell, T. (1997). State gun safe storage laws and child mortality due to firearms. *Journal of the American Medical Association,* 278(13), 1084-1086.

48. Violence Policy Center. (1998). Broken promises: *The failure of the trigger lock deal between the gun industry and the White House.* Washington, DC: Author.

49. Teret, S., Webster, D., Vernick, J., Smith, T., Leff, D., Wintemute, G., Cook, P.,Hawkins, D., Kellerman, A., Sorenson, S., & DeFrancisco, S. (1998). Support for new policies to regulate firearms: Results of two national surveys. *New England Journal of Medicine,* 339, 813-818.

50. Torbet, P.,& Szymanski, L. (1998, November). *Juvenile Justice Bulletin. State legislative responses to violent juvenile crime: 1996-97 update* (NCJ 172835). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

51. Howell, J. (1998). A new approach to juvenile crime. *Corrections Compendium,* 23, 9.

52. Torbet, P.,& Szymanski, L. (1998, November). Juvenile Justice Bulletin. *State legislative responses to violent juvenile crime: 1996-97 update* (NCJ 172835). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

53. Howell, J. (1998). A new approach to juvenile crime. *Corrections Compendium,* 23, 9.

54. U.S. Department of Justice. (1999). *Juvenile mentoring program: 1998 report to Congress.* Washington, DC: Author.

Appendix A
National Trends Among Children

TABLE A1

Poverty Among Children*

Year	Number of Children Under 18 Who Are Poor	Child Poverty Rate	Number of Children Under 6 Who Are Poor	Poverty Rate for Children Under 6
1959	17,552,000	27.3%	n/a	n/a
1960	17,634,000	26.9	n/a	n/a
1961	16,909,000	25.6	n/a	n/a
1962	16,963,000	25.0	n/a	n/a
1963	16,005,000	23.1	n/a	n/a
1964	16,051,000	23.0	n/a	n/a
1965	14,676,000	21.0	n/a	n/a
1966	12,389,000	17.6	n/a	n/a
1967	11,656,000	16.6	n/a	n/a
1968	10,954,000	15.6	n/a	n/a
1969	9,691,000	14.0	3,298,000	15.3%
1970	10,440,000	15.1	3,561,000	16.6
1971	10,551,000	15.3	3,499,000	16.9
1972	10,284,000	15.1	3,276,000	16.1
1973	9,642,000	14.4	3,097,000	15.7
1974	10,156,000	15.4	3,294,000	16.9
1975	11,104,000	17.1	3,460,000	18.2
1976	10,273,000	16.0	3,270,000	17.7
1977	10,288,000	16.2	3,326,000	18.1
1978	9,931,000	15.9	3,184,000	17.2
1979	10,377,000	16.4	3,415,000	17.8
1980	11,543,000	18.3	4,030,000	20.5
1981	12,505,000	20.0	4,422,000	22.0
1982	13,647,000	21.9	4,821,000	23.3
1983	13,911,000	22.3	5,122,000	24.6
1984	13,420,000	21.5	4,938,000	23.4
1985	13,010,000	20.7	4,832,000	22.6
1986	12,876,000	20.5	4,619,000	21.6
1987	12,843,000	20.3	4,852,000	22.4
1988	12,455,000	19.5	5,032,000	22.6
1989	12,590,000	19.6	5,071,000	22.5
1990	13,431,000	20.6	5,198,000	23.0
1991	14,341,000	21.8	5,483,000	24.0
1992	14,617,000	21.9	5,781,000	25.0
1993	14,961,000	22.0	6,097,000	25.6
1994	14,610,000	21.2	5,878,000	24.5
1995	13,999,000	20.2	5,670,000	23.7
1996	13,764,000	19.8	5,333,000	22.7
1997	13,422,000	19.2	5,049,000	21.6

*Related children in families.

Source: U.S. Department of Commerce, Bureau of the Census.

BEST COPY AVAILABLE

TABLE A2

Maternal and Infant Health

Year	Infant Mortality Rates*				Low Birthweight**	Percent of Babies Born to Mothers Who Received Late*** or No Prenatal Care		
	Total	White	Black	Black-White Ratio		Total	White	Black
1940	47.0	43.2	72.9	1.69	n/a	n/a	n/a	n/a
1950	29.2	26.8	43.9	1.64	n/a	n/a	n/a	n/a
1959	26.4	23.2	44.8	1.93	n/a	n/a	n/a	n/a
1960	26.0	22.9	44.3	1.93	7.7%	n/a	n/a	n/a
1961	25.3	22.4	41.8	1.87	7.8	n/a	n/a	n/a
1962	25.3	22.3	42.6	1.91	8.0	n/a	n/a	n/a
1963	25.2	22.2	42.8	1.93	8.2	n/a	n/a	n/a
1964	24.8	21.6	42.3	1.96	8.2	n/a	n/a	n/a
1965	24.7	21.5	41.7	1.94	8.3	n/a	n/a	n/a
1966	23.7	20.6	40.2	1.95	8.3	n/a	n/a	n/a
1967	22.4	19.7	37.5	1.90	8.2	n/a	n/a	n/a
1968	21.8	19.2	36.2	1.89	8.2	n/a	n/a	n/a
1969	20.9	18.4	34.8	1.89	8.1	8.1%	6.3%	18.2%
1970	20.0	17.8	32.6	1.83	7.9	7.9	6.2	16.6
1971	19.1	17.1	30.3	1.77	7.7	7.2	5.8	14.6
1972	18.5	16.4	29.6	1.80	7.7	7.0	5.5	13.2
1973	17.7	15.8	28.1	1.78	7.6	6.7	5.4	12.4
1974	16.7	14.8	26.8	1.81	7.4	6.2	5.0	11.4
1975	16.1	14.2	26.2	1.85	7.4	6.0	5.0	10.5
1976	15.2	13.3	25.5	1.92	7.3	5.7	4.8	9.9
1977	14.1	12.3	23.6	1.92	7.1	5.6	4.7	9.6
1978	13.8	12.0	23.1	1.93	7.1	5.4	4.5	9.3
1979	13.1	11.4	21.8	1.91	6.9	5.1	4.3	8.9
1980	12.6	10.9	22.2	2.04	6.8	5.1	4.3	8.8
1981	11.9	10.3	20.8	2.02	6.8	5.2	4.3	9.1
1982	11.5	9.9	20.5	2.07	6.8	5.5	4.5	9.6
1983	11.2	9.6	20.0	2.08	6.8	5.6	4.6	9.7
1984	10.8	9.3	19.2	2.06	6.7	5.6	4.7	9.6
1985	10.6	9.2	19.0	2.07	6.8	5.7	4.7	10.0
1986	10.4	8.8	18.9	2.15	6.8	6.0	5.0	10.6
1987	10.1	8.5	18.8	2.21	6.9	6.1	5.0	11.1
1988	10.0	8.4	18.5	2.20	6.9	6.1	5.0	10.9
1989	9.8	8.1	18.6	2.30	7.0	6.4	5.2	11.9
1990	9.2	7.6	18.0	2.37	7.0	6.1	4.9	11.3
1991	8.9	7.3	17.6	2.41	7.1	5.8	4.7	10.7
1992	8.5	6.9	16.8	2.43	7.1	5.2	4.2	9.9
1993	8.4	6.8	16.5	2.43	7.2	4.8	3.9	9.0
1994	8.0	6.6	15.8	2.39	7.3	4.4	3.6	8.2
1995	7.6	6.3	15.1	2.40	7.3	4.2	3.5	7.6
1996	7.3	6.1	14.7	2.41	7.4	4.0	3.3	7.3

*Infant deaths before the first birthday per 1,000 live births.

**Birthweight less than 2,500 grams (5 lbs., 8 oz.).

***Prenatal care begun in the last three months of pregnancy.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics. Calculations by Children's Defense Fund.

BEST COPY AVAILABLE

TABLE A3

Adolescent Childbearing

Year	Total Fertility Rate*	Total Unmarried Birth Rate**	Teen Fertility Rate***	Teen Unmarried Birth Rate****
1959	118.8	21.9	89.1	15.5
1960	118.0	21.6	89.1	15.3
1961	117.1	22.7	88.6	16.0
1962	112.0	21.9	81.4	14.8
1963	108.3	22.5	76.7	15.3
1964	104.7	23.0	73.1	15.9
1965	96.3	23.5	70.5	16.7
1966	90.8	23.4	70.3	17.5
1967	87.2	23.9	67.5	18.5
1968	85.2	24.4	65.6	19.7
1969	86.1	25.0	65.5	20.4
1970	87.9	26.4	68.3	22.4
1971	81.6	25.5	64.5	22.3
1972	73.1	24.8	61.7	22.8
1973	68.8	24.3	59.3	22.7
1974	67.8	23.9	57.5	23.0
1975	66.0	24.5	55.6	23.9
1976	65.0	24.3	52.8	23.7
1977	66.8	25.6	52.8	25.1
1978	65.5	25.7	51.5	24.9
1979	67.2	27.2	52.3	26.4
1980	68.4	29.4	53.0	27.6
1981	67.4	29.5	52.2	27.9
1982	67.3	30.0	52.4	28.7
1983	65.8	30.3	51.4	29.5
1984	65.4	31.0	50.6	30.0
1985	66.2	32.8	51.0	31.4
1986	65.4	34.2	50.2	32.3
1987	65.7	36.0	50.6	33.8
1988	67.2	38.5	53.0	36.4
1989	69.2	41.6	57.3	40.1
1990	70.9	43.8	59.9	42.5
1991	69.6	45.2	62.1	44.8
1992	68.9	45.2	60.7	44.6
1993	67.6	45.3	59.6	44.5
1994	66.7	46.9	58.9	46.4
1995	65.6	45.1	56.8	44.4

*Births per 1,000 females ages 15–44.
**Births per 1,000 unmarried females ages 15–44.
***Births per 1,000 females ages 15-19.
**** 1,000 unmarried females ages 15-19.
Source: U.S. Department of Health and Human Services, National Center for Health Statistics.

BEST COPY AVAILABLE

TABLE A4

Youth Unemployment

Year	Total Unemployment Rates			Unemployment Rates, Youths Not Enrolled		
				Level of Education		
	All Ages	Ages 16–19	Ages 20–24	Less than Four Years of High School	High School Graduate Only	Four Years or More of College
1959	5.5%	14.6%	8.5%	n/a	n/a	n/a
1960	5.5	14.7	8.7	n/a	n/a	n/a
1961	6.7	16.8	10.4	n/a	n/a	n/a
1962	5.5	14.7	9.0	n/a	n/a	n/a
1963	5.7	17.2	8.8	n/a	n/a	n/a
1964	5.2	16.2	8.3	n/a	n/a	n/a
1965	4.5	14.8	6.7	n/a	n/a	n/a
1966	3.8	12.8	5.3	n/a	n/a	n/a
1967	3.8	12.9	5.7	n/a	n/a	n/a
1968	3.6	12.7	5.8	n/a	n/a	n/a
1969	3.5	12.2	5.7	n/a	n/a	n/a
1970	4.9	15.3	8.2	17.2%	9.9%	6.5%
1971	5.9	16.9	10.0	18.0	9.6	6.6
1972	5.6	16.2	9.3	16.8	9.5	7.2
1973	4.9	14.5	7.8	14.9	7.2	4.9
1974	5.6	16.0	9.1	19.2	9.8	5.0
1975	8.5	19.9	13.6	25.3	13.6	8.2
1976	7.7	19.0	12.0	24.7	12.1	7.1
1977	7.1	17.8	11.0	20.6	10.5	8.0
1978	6.1	16.4	9.6	18.8	8.8	6.3
1979	5.8	16.1	9.1	19.2	9.9	5.0
1980	7.1	17.8	11.5	25.3	12.5	5.9
1981	7.6	19.6	12.3	26.9	13.8	5.3
1982	9.7	23.2	14.9	31.8	17.3	9.2
1983	9.6	22.4	14.5	27.3	15.2	7.0
1984	7.5	18.9	11.5	25.8	11.8	5.9
1985	7.2	18.6	11.1	25.9	12.7	5.4
1986	7.0	18.3	10.7	24.3	11.5	4.8
1987	6.2	16.9	9.7	21.8	10.7	5.5
1988	5.5	15.3	8.7	20.0	10.1	4.8
1989	5.3	15.0	8.6	19.9	10.1	5.0
1990	5.5	15.5	8.8	20.0	10.4	5.2
1991	6.7	18.6	10.8	23.1	12.7	6.9
1992	7.4	20.0	11.3	24.9	13.9	6.5
1993	6.8	19.0	10.5	22.8	13.1	6.1
1994	6.1	17.6	9.7	23.1	11.9	5.5
1995	5.6	17.3	9.1	21.5	12.2	5.6
1996	5.4	16.7	9.3	22.1	12.1	5.4
1997	4.9	16.0	8.5	n/a	n/a	n/a
1998	4.5	14.6	7.9	n/a	n/a	n/a

n/a Data not available.

Source: U.S. Department of Labor, Bureau of Labor Statistics.

BEST COPY AVAILABLE

Appendix B
Children in the States

TABLE B1

Child Population and Children in Poverty

	All children, 1997		Poor children, 1995				
	Number	Percentage of state population	Number	Percentage of children in the state	State rank*	County with highest child poverty rate	Rate in county
Alabama	1,071,708	24.8%	291,046	26.4%	44	Perry County	55.3%
Alaska	188,329	30.9	25,270	13.2	6	Wade Hampton Census Area	39.4
Arizona	1,278,063	28.1	309,584	24.7	40	Apache County	46.1
Arkansas	662,692	26.3	182,607	27.0	46	Phillips County	58.5
California	8,951,653	27.7	2,214,535	24.3	38	Tulare County	37.3
Colorado	1,015,529	26.1	143,390	14.2	12	Costilla County	42.7
Connecticut	792,161	24.2	109,584	13.6	8	Hartford County	17.3
Delaware	177,411	24.3	26,184	14.5	14	Sussex County	18.1
District of Columbia	107,204	20.3	40,372	36.8	51	District of Columbia	36.8
Florida	3,471,316	23.7	837,705	24.1	37	Gadsden County	38.5
Georgia	1,987,811	26.6	470,855	23.5	36	Clay County	48.6
Hawaii	302,592	25.5	43,091	13.8	10	Hawaii County	22.1
Idaho	351,352	29.0	58,971	16.5	25	Shoshone County	31.2
Illinois	3,174,223	26.7	593,057	18.5	29	Alexander County	44.0
Indiana	1,497,455	25.5	224,218	14.7	17	Scott County	21.9
Iowa	725,325	25.4	101,690	13.7	9	Decatur County	25.3
Kansas	687,931	26.5	104,574	14.9	18	Wyandotte County	28.7
Kentucky	961,202	24.6	255,550	26.0	42	Owsley County	65.4
Louisiana	1,190,878	27.4	388,182	31.3	49	East Carroll Parish	62.0
Maine	297,266	23.9	49,762	16.2	23	Washington County	26.9
Maryland	1,268,552	24.9	171,746	13.2	6	Baltimore city	36.3
Massachusetts	1,451,374	23.7	215,427	14.6	16	Suffolk County	28.3
Michigan	2,504,757	25.6	517,850	20.1	32	Lake County	35.4
Minnesota	1,250,685	26.7	148,434	11.7	3	Mahnomen County	25.0
Mississippi	752,998	27.6	240,084	31.0	48	Holmes County	58.6
Missouri	1,406,425	26.0	279,162	19.8	31	St. Louis city	47.7
Montana	229,530	26.1	51,732	22.0	34	Glacier County	43.2
Nebraska	444,681	26.8	56,930	12.6	4	McPherson County	37.3
Nevada	442,856	26.4	62,125	14.5	14	Esmeralda County	17.4
New Hampshire	296,090	25.2	22,432	7.5	1	Coos County	11.7
New Jersey	1,987,124	24.7	255,284	12.6	4	Hudson County	26.3
New Mexico	499,322	28.9	163,404	32.0	50	Luna County	49.1
New York	4,560,031	25.1	1,177,720	25.4	41	Bronx County	48.9
North Carolina	1,873,403	25.2	365,215	19.6	30	Hyde County	40.8
North Dakota	165,208	25.8	26,838	15.9	21	Sioux County	42.7
Ohio	2,838,641	25.4	524,061	18.0	28	Scioto County	34.2
Oklahoma	878,305	26.5	233,814	26.0	42	Harmon County	52.4
Oregon	810,699	25.0	134,378	16.4	24	Josephine County	27.8
Pennsylvania	2,864,082	23.8	510,429	17.3	27	Philadelphia County	37.4
Rhode Island	233,654	23.7	41,070	17.0	26	Providence County	22.5
South Carolina	955,641	25.4	236,235	24.5	39	Allendale County	46.5
South Dakota	197,338	26.7	40,924	20.2	33	Ziebach County	61.2
Tennessee	1,324,789	24.7	296,606	22.1	35	Hancock County	47.4
Texas	5,577,135	28.7	1,502,026	26.9	45	Starr County	60.9
Utah	688,077	33.4	73,381	10.5	2	San Juan County	29.3
Vermont	145,519	24.7	21,158	14.4	13	Orleans County	21.9
Virginia	1,644,386	24.4	263,865	15.9	21	Richmond city	41.8
Washington	1,454,654	25.9	221,407	15.1	19	Yakima County	27.6
West Virginia	411,746	22.7	128,673	30.0	47	McDowell County	56.3
Wisconsin	1,346,376	26.0	191,034	13.9	11	Menominee County	38.0
Wyoming	131,765	27.5	21,353	15.7	20	Goshen County	26.8
United States	69,527,944	26.0	14,665,019	20.8		Owsley County, KY	65.4

*States are ranked by percentage of children in poverty, from lowest to highest.

Sources: U.S. Department of Commerce, Bureau of the Census, from http://www.census.gov/population/www/estimates/statepop.html and http://www.census.gov/hhes/www/saipe.html. Calculations by Children's Defense Fund.

BEST COPY AVAILABLE

TABLE B2

Children in Poverty, by Race, 1989

	All races		White		Black		Hispanic[a]	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alabama	253,636	24.2%	89,959	12.9%	160,510	47.5%	1,829	23.4%
Alaska	19,284	11.4	8,864	7.4	1,086	14.5	809	12.2
Arizona	212,001	22.0	104,283	14.9	12,813	35.7	89,883	34.9
Arkansas	155,399	25.3	82,932	17.7	70,023	52.0	2,290	31.9
California	1,380,275	18.2	591,097	12.7	195,563	30.7	713,980	27.2
Colorado	129,565	15.3	88,222	12.2	13,677	33.8	48,497	32.7
Connecticut	79,020	10.7	36,963	6.1	23,591	28.9	30,002	41.2
Delaware	19,256	12.0	7,543	6.3	10,600	30.8	1,297	25.0
District of Columbia	28,610	25.5	799	4.9	26,339	29.1	1,677	26.3
Florida	525,446	18.7	252,793	12.0	243,435	41.0	93,288	24.6
Georgia	343,068	20.1	108,825	9.9	227,207	40.0	7,163	24.0
Hawaii	31,944	11.6	8,306	9.9	969	11.7	5,296	17.8
Idaho	49,159	16.2	41,528	14.7	281	22.5	7,705	35.4
Illinois	495,505	17.0	204,276	9.7	233,506	43.3	80,047	25.0
Indiana	203,791	10.2	141,319	11.2	55,984	40.1	7,627	21.8
Iowa	101,661	14.3	89,059	13.1	8,241	50.6	3,253	26.7
Kansas	93,066	14.3	65,528	11.5	18,665	40.3	8,233	23.5
Kentucky	234,012	24.8	193,614	22.7	38,193	47.0	1,803	26.2
Louisiana	380,942	31.4	112,404	15.4	259,228	56.5	5,908	23.3
Maine	41,897	13.8	40,429	13.6	440	25.9	435	16.2
Maryland	128,523	11.3	46,164	6.1	77,002	23.2	4,165	12.3
Massachusetts	176,221	13.2	105,129	9.2	29,547	33.3	49,645	49.1
Michigan	450,426	18.6	239,263	12.4	188,405	46.2	22,103	30.2
Minnesota	146,386	12.7	102,624	9.7	17,394	49.5	6,486	30.7
Mississippi	248,705	33.6	59,138	14.9	186,212	55.6	1,471	30.9
Missouri	230,058	17.7	152,757	13.9	71,928	41.5	4,246	20.4
Montana	44,706	20.5	33,458	17.1	221	31.1	1,874	36.0
Nebraska	58,474	13.8	44,420	11.4	8,761	43.2	3,861	27.9
Nevada	38,232	13.3	22,893	9.9	8,358	33.5	8,491	21.5
New Hampshire	20,440	7.4	19,295	7.2	351	15.3	705	16.4
New Jersey	200,726	11.3	84,110	6.4	81,788	27.8	59,531	27.8
New Mexico	122,260	27.8	67,615	22.1	3,542	35.0	70,158	35.0
New York	799,531	19.1	342,541	11.9	274,947	34.1	269,703	41.9
North Carolina	272,923	17.2	102,034	9.3	158,007	35.9	5,047	24.2
North Dakota	29,732	17.1	23,031	14.4	204	15.1	623	27.5
Ohio	493,206	17.8	315,714	13.4	163,131	45.4	15,910	32.0
Oklahoma	179,283	21.7	105,173	16.6	34,475	44.5	11,950	35.8
Oregon	111,629	15.8	91,249	14.2	5,489	36.3	14,285	33.8
Pennsylvania	432,227	15.7	270,941	11.5	124,859	40.6	38,374	46.7
Rhode Island	30,842	13.8	20,274	10.4	4,425	35.9	6,356	41.3
South Carolina	190,873	21.0	52,430	9.5	136,563	39.6	1,635	19.0
South Dakota	39,896	20.4	25,008	14.7	327	26.7	663	27.8
Tennessee	251,529	21.0	142,418	15.2	106,024	43.0	2,400	24.1
Texas	1,159,710	24.3	612,724	18.3	254,287	39.3	638,905	30.2
Utah	78,041	12.5	64,755	11.1	1,290	34.7	9,213	26.8
Vermont	17,020	12.0	16,435	11.9	211	24.9	143	11.8
Virginia	197,382	13.3	88,370	8.1	102,862	30.9	5,147	11.9
Washington	179,272	14.5	124,632	11.9	14,548	30.5	27,381	34.0
West Virginia	115,073	26.2	106,458	25.4	7,887	50.2	814	34.3
Wisconsin	188,863	14.9	110,939	9.9	53,392	55.8	12,435	33.7
Wyoming	19,190	14.4	15,532	12.6	340	31.5	2,724	28.1
United States	11,428,916	18.3	5,876,267	12.5	3,717,128	39.8	2,407,466	32.2

a. Persons of Hispanic origin may be of any race.

	Native American		Asian or Pacific Islander		Other	
	Number	Percent	Number	Percent	Number	Percent
Alabama	1,519	24.6%	1,166	19.0%	482	28.0%
Alaska	8,621	25.7	500	8.3	213	12.6
Arizona	44,607	53.1	2,204	14.9	48,094	38.2
Arkansas	1,053	26.1	648	17.5	743	34.7
California	17,982	26.5	155,493	19.6	420,140	30.2
Colorado	3,008	35.4	3,130	17.6	21,528	36.8
Connecticut	313	21.4	917	6.6	17,236	47.1
Delaware	80	21.5	149	6.6	884	30.0
District of Columbia	55	35.7	232	16.0	1,185	31.6
Florida	2,541	26.1	5,194	12.9	21,483	31.5
Georgia	938	25.0	2,465	11.5	3,63[illegible]	29.7
Hawaii	408	25.2	21,327	12.1	9[illegible]	16.5
Idaho	2,056	40.5	567	20.6	4,727	40.9
Illinois	1,422	23.9	7,640	9.4	48,661	27.8
Indiana	1,132	30.2	1,124	11.6	4,232	27.8
Iowa	1,160	43.4	1,898	23.5	1,303	28.4
Kansas	1,932	26.8	2,203	22.2	4,738	26.6
Kentucky	681	41.8	867	16.5	657	26.2
Louisiana	3,166	46.9	4,414	34.0	1,730	30.3
Maine	583	28.3	326	13.6	119	19.0
Maryland	661	18.5	2,820	7.6	1,876	14.3
Massachusetts	1,309	35.3	9,330	24.1	30,906	51.9
Michigan	6,147	32.5	4,891	14.6	11,720	35.9
Minnesota	10,459	54.8	12,638	37.1	3,271	37.5
Mississippi	1,429	45.6	1,657	39.7	269	32.5
Missouri	1,483	26.2	1,984	17.7	1,906	25.0
Montana	10,238	53.4	224	17.6	565	43.3
Nebraska	2,795	57.0	724	17.9	1,774	31.8
Nevada	1,745	29.8	1,040	10.9	4,196	25.0
New Hampshire	119	25.6	370	13.4	305	22.6
New Jersey	886	26.2	4,622	5.9	29,320	33.0
New Mexico	26,643	50.1	797	18.4	23,663	36.0
New York	4,800	29.6	25,021	14.9	152,222	47.6
North Carolina	7,820	29.9	2,344	16.4	2,718	31.2
North Dakota	6,179	58.3	148	16.8	170	22.6
Ohio	1,588	30.4	3,557	14.1	9,216	39.3
Oklahoma	31,977	34.8	1,427	15.8	6,231	40.4
Oregon	4,288	32.3	3,752	19.2	6,851	37.2
Pennsylvania	1,128	31.1	8,354	20.7	26,945	54.7
Rhode Island	440	39.5	2,043	34.0	3,660	42.5
South Carolina	599	27.4	715	12.1	566	21.6
South Dakota	14,160	63.3	195	17.0	206	26.2
Tennessee	906	30.8	1,438	15.7	743	25.8
Texas	4,501	25.6	14,518	15.6	273,680	40.6
Utah	4,893	47.3	2,281	19.8	4,822	33.5
Vermont	251	36.3	70	7.3	53	20.2
Virginia	666	19.0	3,377	7.8	2,107	13.5
Washington	10,228	37.7	12,594	20.0	17,270	39.8
West Virginia	337	44.6	193	8.5	198	32.1
Wisconsin	6,505	46.1	10,819	48.8	7,208	42.5
Wyoming	1,966	49.0	84	10.0	1,268	35.2
United States	260,403	38.8	346,491	17.1	1,228,627	35.5

Source: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population and Housing, Summary Tape File 3. Calculations by Children's Defense Fund.

BEST COPY AVAILABLE

TABLE B3

AFDC/TANF Benefit Levels and Participation*

	Maximum monthly benefit for a three–person family**						Number of welfare (AFDC/TANF) recipients		
	July 1970 maximum		January 1998 maximum						
	Actual dollars	Inflation-adjusted value in 1998	Actual dollars	As a percentage of poverty guideline	1998 state rank***	Percentage change 1970–98	August 1996	September 1998	Percentage change
Alabama	$ 65	$ 269	$ 164	14.4%	50	-39.1%	100,662	52,076	-48.3%
Alaska	328	1,359	923	64.9	1	-32.1	35,544	21,121	-40.6
Arizona	138	572	347	30.5	33	-39.3	169,442	99,792	-41.1
Arkansas	89	369	204	17.9	45	-44.7	56,343	31,412	-44.2
California	186	771	565	49.7	8	-26.7	2,581,948	1,908,534	-26.1
Colorado	193	800	356	31.3	30	-55.5	95,788	46,312	-51.7
Connecticut	283	1,173	636	55.9	5	-45.8	159,246	118,066	-25.9
Delaware	160	663	338	29.7	35	-49.0	23,654	14,013	-40.8
District of Columbia	195	808	379	33.3	26	-53.1	69,292	53,727	-22.5
Florida	114	472	303	26.6	36	-35.9	533,801	246,191	-53.9
Georgia	107	443	280	24.6	40	-36.8	330,302	172,065	-47.9
Hawaii	226	936	712	54.4	2	-24.0	66,482	46,001	-30.8
Idaho	211	874	276	24.3	41	-68.4	21,780	3,285	-84.9
Illinois	232	961	377	33.1	27	-60.8	642,644	449,466	-30.1
Indiana	120	497	288	25.3	39	-42.1	142,604	117,437	-17.6
Iowa	201	833	426	37.5	19	-48.9	86,146	62,836	-27.1
Kansas	222	920	429	37.7	18	-53.4	63,783	33,447	-47.6
Kentucky	147	609	262	23.0	43	-57.0	172,193	112,676	-34.6
Louisiana	88	365	190	16.7	47	-47.9	228,115	121,772	-46.6
Maine	135	559	418	36.7	23	-25.3	53,873	37,673	-30.1
Maryland	162	671	388	34.1	25	-42.2	194,127	108,636	-44.0
Massachusetts	268	1,110	579	50.9	6	-47.9	226,030	166,179	-26.5
Michigan	219	907	459	40.4	15	-49.4	502,354	308,817	-38.5
Minnesota	256	1,061	532	46.8	12	-49.8	169,744	141,440	-16.7
Mississippi	56	232	120	10.5	51	-48.3	123,828	45,009	-63.7
Missouri	104	431	292	25.7	37	-32.2	222,820	139,475	-37.4
Montana	202	837	450	39.6	16	-46.2	29,130	19,561	-32.8
Nebraska	171	709	364	32.0	28	-48.6	38,592	36,187	-6.2
Nevada	121	501	348	30.6	32	-30.6	34,261	23,353	-31.8
New Hampshire	262	1,086	550	48.4	10	-49.3	22,937	14,429	-37.1
New Jersey	302	1,251	424	37.3	21	-66.1	275,637	182,193	-33.9
New Mexico	149	617	389	34.2	24	-37.0	99,661	78,176	-21.6
New York	279	1,156	577	50.7	7	-50.1	1,143,962	862,162	-24.6
North Carolina	145	601	272	23.9	42	-54.7	267,326	162,282	-39.3
North Dakota	213	883	490	43.1	13	-44.5	13,146	8,227	-37.4
Ohio	161	667	362	31.8	29	-45.7	549,312	319,912	-41.8
Oklahoma	152	630	292	25.7	37	-53.6	96,201	58,044	-39.7
Oregon	184	762	460	40.4	14	-39.7	78,419	44,235	-43.6
Pennsylvania	265	1,098	421	37.0	22	-61.7	531,059	345,952	-34.9
Rhode Island	229	949	554	48.7	9	-41.6	56,560	54,125	-4.3
South Carolina	85	352	201	17.7	46	-42.9	114,273	52,280	-54.2
South Dakota	264	1,094	430	37.8	17	-60.7	15,896	9,120	-42.6
Tennessee	112	464	185	16.3	49	-60.1	254,818	148,532	-41.7
Texas	148	613	188	16.5	48	-69.3	649,018	346,232	-46.7
Utah	175	725	426	37.5	19	-41.3	39,073	27,992	-28.4
Vermont	267	1,106	656	57.7	4	-40.7	24,331	18,804	-22.7
Virginia	225	932	354	31.1	31	-62.0	152,845	94,431	-38.2
Washington	258	1,069	546	48.0	11	-48.9	268,927	184,584	-31.4
West Virginia	114	472	253	22.2	44	-46.4	89,039	34,995	-60.7
Wisconsin	184	762	673	59.2	3	-11.7	148,888	34,031	-77.1
Wyoming	213	883	340	29.9	34	-61.5	11,398	1,821	-84.0
United States***	184	762	379	33.3		-50.3	12,241,489	7,954,955	-35.0

* Where benefits vary by program status (in Michigan, Massachusetts, and Wisconsin), highest is used. Michigan benefit level is for Wayne County, New York benefit level is for New York City.
** States are ranked by maximum monthly benefit, highest to lowest.
*** Median for benefits; total for enrollment.
Sources: U.S. Congress, Congressional Research Service; U.S. Department of Health and Human Services, Office of Family Assistance. http://www.acf.dhhs.gov/news/stats/aug-sep.htm, downloaded 2/2/1999. Calculations by Children's Defense Fund.

BEST COPY AVAILABLE

TABLE B4

State Welfare Choices under the Temporary Assistance for Needy Families (TANF) Program, June 1998

	State reduces (instead of terminates) benefits if a family fails to follow work rules	State does not impose a "family cap" (will increase grant for a child born on TANF)	Family gets to keep at least some child support collected on behalf of a TANF child	When TANF benefits are first terminated or reduced due to time limits
Alabama		Yes		November 2001
Alaska	Yes	Yes		July 2002
Arizona				October 1997
Arkansas				August 2000
California	Yes		Yes	June 1999
Colorado		Yes		August 2002
Connecticut		Partial increase	Yes	October 1997
Delaware			Yes	October 1999
District of Columbia		Yes		March 2002
Florida		Partial increase		February 1996
Georgia				January 2001
Hawaii	Yes	Yes		July 2002
Idaho				July 1999
Illinois			Yes	July 1999
Indiana	Yes			May 1997
Iowa		Yes		Case by case
Kansas		Yes	Yes	October 2001
Kentucky	Yes	Yes		October 2001
Louisiana		Yes		January 1999
Maine	Yes	Yes	Yes	November 2001
Maryland		*		December 2001
Massachusetts			Yes	September 1998
Michigan		Yes	Yes	State will continue benefits
Minnesota	Yes	Yes		September 2001
Mississippi				October 2001
Missouri	Yes	Yes		December 1998
Montana	Yes	Yes		December 2001
Nebraska				October 1997
Nevada	Yes	Yes	Yes	December 1998
New Hampshire	Yes	Yes		October 2001
New Jersey			Yes	February 2002
New Mexico		Yes		July 2002
New York	Yes	Yes	Yes	12/01, then in-kind aid
North Carolina				January 1999
North Dakota				July 2002
Ohio		Yes		October 2000
Oklahoma		*		October 2001
Oregon		Yes		August 1998
Pennsylvania		Yes	Yes	March 2002
Rhode Island	Yes	Yes	Yes	May 2002
South Carolina				September 1998
South Dakota		Yes		July 1999
Tennessee				April 1998
Texas	Yes	Yes	Yes	June 1997
Utah		Yes		January 2000
Vermont		Yes	Yes	9/02, then guaranteed job
Virginia			Yes	July 1997
Washington		Yes		January 2002
West Virginia		Yes		January 2002
Wisconsin			Yes	September 2001
Wyoming				January 2002

* Maryland pays increased benefits to a third party. Oklahoma pays increase as vouchers, not cash.

Source: U.S. Department of Health and Human Services, Administration for Children and Families (http://www.acf.dhhs.gov/news/welfare/congress/tanfp9.htm). Child support data are from Center for Law and Social Policy, January 1998 (http://www.clasp.org/pubs/childrenforce/50pasdis.htm)

BEST COPY AVAILABLE

TABLE B5

Number of Children Receiving Food Stamps, FY 1989-1997

	FY 1989	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	Percentage change, FY1989-FY 1997	Rank
Alabama	203,627	233,235	262,315	270,687	287,848	280,653	280,624	272,852	240,164	17.9%	19
Alaska	13,852	13,718	15,248	19,669	23,974	24,710	24,014	27,040	25,818	86.4	48
Arizona	142,460	167,762	217,238	256,159	268,442	280,587	283,945	232,584	219,511	54.1	39
Arkansas	103,406	110,277	125,340	133,326	141,257	134,327	133,214	136,400	124,699	20.6	22
California	1,130,068	1,241,125	1,481,548	1,699,067	1,931,912	2,206,228	2,034,964	2,042,452	1,808,206	60.0	44
Colorado	108,030	112,473	132,190	149,987	147,542	142,831	126,410	124,324	111,697	3.4	12
Connecticut	62,617	74,757	97,769	109,609	117,334	123,647	128,200	106,599	106,247	69.7	46
Delaware	15,639	17,504	22,295	27,143	31,113	28,661	28,332	29,055	27,687	77.0	47
Dist. Columbia	29,772	34,682	40,214	47,998	48,102	52,408	52,046	48,037	49,659	66.8	45
Florida	319,164	389,332	534,866	743,403	789,136	748,014	720,299	715,204	599,745	87.9	49
Georgia	247,169	248,064	349,291	394,684	417,471	415,623	420,557	421,552	367,958	48.9	38
Hawaii	39,780	38,188	41,156	43,304	49,655	56,673	61,288	53,460	62,782	57.8	43
Idaho	29,783	27,704	33,547	37,316	42,125	43,834	41,338	40,204	36,438	22.3	23
Illinois	480,701	489,525	571,382	536,341	612,143	546,825	580,765	545,320	527,842	9.8	16
Indiana	139,258	149,436	200,686	246,967	256,511	254,607	219,319	187,689	160,436	15.2	18
Iowa	80,704	83,162	89,240	100,367	96,760	96,003	93,444	83,807	78,263	-3.0	6
Kansas	60,856	64,773	82,603	89,736	92,965	89,723	99,333	87,377	76,244	25.3	27
Kentucky	190,408	202,494	238,812	250,845	240,572	228,424	224,438	212,572	203,339	6.8	15
Louisiana	356,575	355,061	404,590	444,442	410,456	403,454	384,383	361,890	298,224	-16.4	3
Maine	38,077	40,194	55,340	61,159	61,468	59,146	53,185	50,452	51,194	34.4	33
Maryland	127,879	138,195	159,357	187,701	197,531	206,048	205,898	200,308	185,917	45.4	35
Massachusetts	153,172	166,908	206,493	239,137	229,016	240,069	231,599	189,908	180,825	18.1	20
Michigan	445,279	463,569	498,853	506,478	513,005	539,922	490,394	459,916	426,683	-4.2	5
Minnesota	120,559	118,285	141,010	158,632	171,796	175,763	162,594	151,678	121,036	0.4	8
Mississippi	224,555	229,689	249,470	256,369	273,355	252,405	250,003	219,635	188,372	-16.1	4
Missouri	192,188	198,896	246,979	286,819	291,197	295,224	292,320	276,270	241,018	25.4	28
Montana	26,322	26,735	28,465	30,836	33,600	35,654	34,659	36,525	32,588	23.8	26
Nebraska	45,161	44,604	50,647	54,874	61,100	62,558	53,612	52,190	50,751	12.4	17
Nevada	19,408	23,733	32,997	46,163	54,651	45,887	56,256	51,706	44,357	128.6	50
New Hampshire	9,273	12,723	20,306	25,910	29,209	30,016	27,939	26,533	21,528	132.2	51
New Jersey	191,648	215,221	244,014	263,472	267,689	290,707	283,908	282,080	249,283	30.1	30
New Mexico	75,537	80,341	90,280	119,115	131,698	126,461	125,955	124,878	109,901	45.5	36
New York	722,389	776,078	887,010	915,006	964,858	1,094,408	950,229	964,670	892,519	23.6	25
N. Carolina	177,509	195,549	245,744	300,372	323,552	313,632	300,695	304,069	276,226	55.6	41
N. Dakota	18,890	19,305	22,503	22,445	23,694	22,968	19,014	17,127	18,987	0.5	9
Ohio	492,247	526,888	606,867	642,334	611,112	598,321	575,344	488,346	403,912	-17.9	2
Oklahoma	123,659	122,202	151,905	167,524	179,726	190,671	186,490	163,297	156,927	26.9	29
Oregon	90,838	87,647	112,716	126,057	137,388	134,838	139,942	130,552	111,515	22.8	24
Pennsylvania	441,560	448,201	500,527	555,539	556,377	544,571	536,023	512,940	470,616	6.6	14
Rhode Island	29,370	33,514	41,574	46,181	49,045	51,496	50,195	47,928	45,531	55.0	40
S. Carolina	137,577	155,603	171,328	186,473	213,828	205,812	198,663	190,077	181,325	31.8	31
S. Dakota	25,213	26,144	28,813	27,999	31,562	24,734	28,243	24,439	24,783	-1.7	7
Tennessee	230,158	238,858	286,479	321,614	364,193	347,335	315,220	283,747	272,011	18.2	21
Texas	846,306	984,543	1,144,204	1,301,887	1,421,597	1,406,259	1,406,181	1,319,826	1,191,255	40.8	34
Utah	52,402	54,943	64,696	69,740	74,253	68,105	64,602	57,942	55,329	5.6	13
Vermont	14,362	16,567	19,982	29,196	25,386	29,579	29,262	27,325	21,276	48.1	37
Virginia	148,798	166,735	195,617	230,539	261,125	275,223	276,811	260,750	231,941	55.9	42
Washington	153,771	175,628	202,310	219,280	229,855	231,318	248,692	246,788	206,101	34.0	32
West Virginia	111,043	106,862	117,673	142,017	207,751	135,908	123,361	123,220	114,398	3.0	11
Wisconsin	175,538	165,499	171,155	188,910	181,409	181,645	186,263	158,857	129,698	-26.1	1
Wyoming	14,572	13,996	16,302	17,938	18,512	16,868	18,739	17,260	14,746	1.2	10
United States	9,429,127	10,127,129	11,951,940	13,348,769	14,195,859	14,390,783	13,859,204	13,189,657	11,847,508	25.6	

Source: U.S. Department of Agriculture, Food and Consumer Service.

TABLE B6

Number of Children Participating in Child Nutrition Programs, FY 1998

State	Supplemental Food Program for Women, Infants, and Children (WIC)				School lunch program*	School breakfast program	Child and Adult Care Food Program (CACFP)	Summer food program
	Women	Infants	Children	Total				
Alabama	27,351	36,739	53,230	117,319	541,321	145,040	37,629	45,327
Alaska	5,532	5,134	13,164	23,829	49,080	8,189	6,881	287
Arizona	35,135	38,961	68,132	142,227	428,181	132,133	44,477	24,583
Arkansas	21,748	22,376	38,815	82,939	309,864	118,211	21,966	9,948
California	283,482	279,031	653,740	1,216,253	2,526,659	832,327	278,003	169,156
Colorado	18,520	19,580	36,579	74,680	309,457	49,702	41,400	15,212
Connecticut	11,988	15,756	32,523	60,267	246,621	47,058	23,294	23,998
Delaware	3,448	4,426	7,753	15,628	68,590	16,846	12,541	9,475
District of Columbia	3,786	4,836	8,042	16,664	46,694	16,060	5,026	23,698
Florida	76,930	95,485	172,631	345,046	1,274,581	387,941	96,725	193,991
Georgia	59,125	61,114	112,019	232,258	1,038,064	352,372	91,710	100,949
Hawaii	7,871	8,206	18,006	34,084	146,942	37,963	8,983	5,725
Idaho	7,201	8,130	16,348	31,678	140,310	24,504	5,983	4,155
Illinois	51,047	71,773	114,441	237,262	1,003,196	185,758	95,455	113,971
Indiana	34,045	37,991	59,060	131,097	604,392	102,610	44,643	16,376
Iowa	14,940	14,470	36,476	65,885	381,998	54,929	26,930	5,688
Kansas	12,664	13,277	27,143	53,084	304,942	65,391	53,185	7,115
Kentucky	28,914	30,257	63,610	122,782	497,691	177,090	36,748	26,438
Louisiana	35,010	41,273	60,591	136,874	671,533	242,816	54,966	53,471
Maine	5,828	5,718	14,240	25,786	105,038	36,432	14,977	6,211
Maryland	23,436	26,732	42,704	92,872	382,914	87,765	50,945	33,358
Massachusetts	27,337	27,877	62,457	117,671	497,813	97,406	55,020	46,095
Michigan	49,839	53,086	114,898	217,823	768,098	162,222	72,186	34,809
Minnesota	19,596	21,188	52,685	93,469	552,904	83,578	93,134	27,294
Mississippi	23,100	30,828	45,169	99,097	400,683	170,699	27,545	31,663
Missouri	32,912	32,771	62,493	128,176	577,362	145,658	44,417	37,404
Montana	4,867	4,312	12,248	21,427	86,632	14,669	13,437	4,123
Nebraska	7,478	8,348	15,995	31,821	215,815	29,859	37,921	6,438
Nevada	9,530	9,886	18,553	37,969	104,462	30,599	4,940	7,290
New Hampshire	4,009	4,733	9,936	18,678	97,675	15,009	6,728	1,751
New Jersey	34,010	34,414	72,329	140,752	557,766	81,118	42,631	61,398
New Mexico	12,994	13,182	30,006	56,183	190,912	72,343	41,965	51,291
New York	106,428	119,293	257,223	482,944	1,736,065	454,868	259,993	439,245
North Carolina	50,991	53,648	93,351	197,990	796,595	247,745	92,160	43,768
North Dakota	3,508	3,485	8,832	15,824	83,032	11,557	17,538	2,267
Ohio	58,719	75,887	115,950	250,556	961,911	170,890	79,469	40,873
Oklahoma	26,590	28,651	53,028	108,269	365,932	128,214	43,399	14,931
Oregon	22,446	17,511	51,076	91,033	266,014	80,233	34,489	13,587
Pennsylvania	53,833	55,776	136,982	246,591	1,006,392	181,375	68,723	120,348
Rhode Island	4,827	5,382	12,362	22,571	59,286	8,555	7,721	15,376
South Carolina	31,387	31,509	55,659	118,556	462,126	164,277	27,331	67,371
South Dakota	4,682	4,827	11,006	20,515	103,960	14,991	10,565	4,086
Tennessee	38,099	41,081	69,512	148,692	601,313	188,020	38,213	42,343
Texas	169,345	177,434	344,559	691,337	2,335,343	832,567	159,816	97,085
Utah	15,079	14,884	27,259	57,223	261,147	28,911	37,169	20,516
Vermont	3,886	3,008	9,414	16,308	51,005	12,029	7,458	3,104
Virginia	31,951	33,962	67,004	132,916	637,511	165,842	41,602	37,187
Washington	32,830	35,755	75,845	144,430	448,990	108,070	65,716	28,781
West Virginia	12,743	12,616	28,304	53,663	201,734	85,694	15,743	16,854
Wisconsin	23,671	24,722	57,906	106,299	518,739	44,397	51,778	19,188
Wyoming	2,905	2,693	6,195	11,792	54,758	7,458	7,935	1,041
United States	1,687,594	1,824,013	3,627,481	7,139,088	26,080,044	6,959,992	2,559,204	2,226,639

Source: U.S. Department of Agriculture, Food and Consumer Service. Calculations by Children's Defense Fund.
*All children receiving a federal subsidy for lunch, including children receiving free, reduced-price, and full-price lunches.

BEST COPY AVAILABLE

TABLE B7

Child Support Enforcement, 1996

	Cases	Court order	Percent with court order	Collection	Percent with collection	Rank
Alabama	387,817	219,827	56.7%	82,469	21.3%	26
Alaska	55,854	43,358	77.6	9,965	17.8	35
Arizona	272,058	87,084	32.0	37,770	13.9	48
Arkansas	137,633	95,812	69.6	38,287	27.8	12
California	2,469,826	1,140,522	46.2	425,061	17.2	37
Colorado	199,471	133,722	67.0	33,385	16.7	38
Connecticut	235,547	145,778	61.9	41,506	17.6	36
Delaware	56,159	41,054	73.1	15,917	28.3	11
District of Columbia	100,384	41,270	41.1	9,888	9.9	51
Florida	1,016,299	1,016,299	100.0	159,257	15.7	43
Georgia	519,240	288,665	55.6	104,510	20.1	31
Hawaii	58,610	29,819	50.9	13,821	23.6	19
Idaho	73,791	56,684	76.8	18,350	24.9	16
Illinois	730,397	220,718	30.2	85,899	11.8	50
Indiana	610,026	382,141	62.6	77,014	12.6	49
Iowa	195,321	152,214	77.9	39,440	20.2	30
Kansas	138,343	81,284	58.8	47,116	34.1	5
Kentucky	322,036	180,479	56.0	52,602	16.3	39
Louisiana	339,721	129,848	38.2	54,747	16.1	41
Maine	77,228	61,913	80.2	28,639	37.1	3
Maryland	379,687	271,807	71.6	86,110	22.7	23
Massachusetts	208,435	162,592	78.0	63,307	30.4	9
Michigan	1,561,364	737,772	47.3	250,767	16.1	41
Minnesota	239,443	185,696	77.6	98,667	41.2	2
Mississippi	271,119	122,855	45.3	39,221	14.5	45
Missouri	393,250	286,511	72.9	82,950	21.1	27
Montana	43,143	26,913	62.4	10,670	24.7	17
Nebraska	131,541	73,093	55.6	27,688	21.0	28
Nevada	80,474	48,692	60.5	18,424	22.9	21
New Hampshire	46,953	35,374	75.3	17,280	36.8	4
New Jersey	526,701	368,733	70.0	139,188	26.4	15
New Mexico	77,134	16,807	21.8	16,888	21.9	25
New York	1,298,272	775,367	59.7	211,993	16.3	39
North Carolina	463,252	227,961	49.2	104,834	22.6	24
North Dakota	43,856	30,469	69.5	10,458	23.8	18
Ohio	952,741	645,734	67.8	271,528	28.5	10
Oklahoma	118,331	66,676	56.3	23,085	19.5	34
Oregon	272,009	145,065	53.3	53,424	19.6	33
Pennsylvania	885,131	647,700	73.2	289,152	32.7	8
Rhode Island	69,182	39,010	56.4	10,219	14.8	44
South Carolina	220,475	100,035	45.4	59,163	26.8	14
South Dakota	31,831	29,222	91.8	10,517	33.0	7
Tennessee	495,124	225,833	45.6	70,480	14.2	46
Texas	833,181	386,457	46.4	167,583	20.1	31
Utah	114,244	81,554	71.4	23,964	21.0	28
Vermont	19,366	16,357	84.5	8,070	41.7	1
Virginia	386,669	239,909	62.0	88,911	23.0	20
Washington	374,935	322,124	85.9	126,217	33.7	6
West Virginia	110,966	51,804	46.7	25,353	22.8	22
Wisconsin	409,307	341,752	83.5	110,504	27.0	13
Wyoming	62,010	30,638	49.4	8,760	14.1	47
United States	19,115,887	11,289,003	59.1	3,901,018	20.4	

Source: U.S. Department of Health and Human Services, Office of Child Support Enforcement, *21st Annual Report to Congress*, Tables 32-34. Calculations by Children's Defense Fund.

TABLE B8

Fair Market Rent and the Minimum Wage, 1999

	Lowest monthly rent*	Hourly minimum wage**	Lowest rent as a percentage of minimum wage***	State rank****
Alabama	$ 305	$ 5.15	35.5%	4
Alaska	583	5.65	61.9	44
Arizona	423	5.15	49.3	39
Arkansas	307	5.15	35.8	5
California	379	5.75	39.5	11
Colorado	411	5.15	47.9	37
Connecticut	541	5.65	57.5	42
Delaware	538	5.15	62.7	45
District of Columbia	699	6.15	68.2	50
Florida	424	5.15	49.4	40
Georgia	353	5.15	41.1	18
Hawaii	733	5.25	83.8	51
Idaho	324	5.15	37.7	8
Illinois	347	5.15	40.4	15
Indiana	322	5.15	37.5	7
Iowa	344	5.15	40.1	13
Kansas	380	5.15	44.3	31
Kentucky	299	5.15	34.8	2
Louisiana	311	5.15	36.2	6
Maine	385	5.15	44.9	32
Maryland	397	5.15	46.3	34
Massachusetts	454	5.25	51.9	41
Michigan	378	5.15	44.0	30
Minnesota	357	5.15	41.6	20
Mississippi	325	5.15	37.9	9
Missouri	293	5.15	34.1	1
Montana	372	5.15	43.3	27
Nebraska	398	5.15	46.4	35
Nevada	551	5.15	64.2	47
New Hampshire	542	5.15	63.1	46
New Jersey	555	5.15	64.7	49
New Mexico	367	5.15	42.8	25
New York	400	5.15	46.6	36
North Carolina	353	5.15	41.1	18
North Dakota	377	5.15	43.9	29
Ohio	335	5.15	39.0	10
Oklahoma	300	5.15	35.0	3
Oregon	443	6.50	40.9	17
Pennsylvania	359	5.15	41.8	21
Rhode Island	551	5.15	64.2	47
South Carolina	362	5.15	42.2	22
South Dakota	415	5.15	48.3	38
Tennessee	345	5.15	40.2	14
Texas	347	5.15	40.4	15
Utah	376	5.15	43.8	28
Vermont	519	5.25	59.3	43
Virginia	366	5.15	42.6	24
Washington	430	5.70	45.3	33
West Virginia	339	5.15	39.5	11
Wisconsin	362	5.15	42.2	22
Wyoming	367	5.15	42.8	25

*For a two-bedroom apartment in the metropolitan county with the lowest fair market rent (as determined by HUD) in the state.
**Minimum wage as of February 1, 1999.
***Based on year-round, full-time employment at the minimum wage.
****States are ranked by the ratio of rent to minimum wage, from lowest to highest.
Source: U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Minimum Wage and Overtime Premium Pay Standards Applicable to Nonsupervisory Nonfarm Private Sector Employment Under State and Federal Laws, January 21, 1999, unpublished; and U.S. Department of Housing and Urban Development, Federal Register, Vol. 63, Nbr. 190, October 1, 1998, Part VI, pages 52857-52916. Calculations by Children's Defense Fund.

BEST COPY AVAILABLE

TABLE B9

Early Prenatal Care and Low Birthweight, 1996

	Incidence of early prenatal care, by race, ethnicity of mother*								Incidence of low-birthweight births, by race, ethnicity of mother**							
	All races		White		Black		Hispanic***		All races		White		Black		Hispanic***	
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
Alabama	81.6%	33	87.8%	13	68.8%	32	62.1%	47	9.3%	48	7.2%	43	13.6%	30	6.4%	19
Alaska	80.8	37	83.2	36	81.8	3	75.5	12	5.5	3	5.0	3	12.1	11	6.0	10
Arizona	73.7	49	74.8	50	69.6	31	62.5	46	6.7	18	6.5	26	12.4	14	6.3	17
Arkansas	74.8	48	78.7	46	61.0	48	56.9	51	8.5	40	7.0	41	13.6	30	5.9	6
California	80.6	38	80.4	43	78.8	5	75.5	12	6.1	10	5.5	7	11.8	6	5.4	2
Colorado	81.4	35	81.9	41	75.5	16	66.8	36	8.8	45	8.5	51	15.0	42	8.6	41
Connecticut	88.2	5	89.7	4	77.1	10	77.1	10	7.2	21	6.4	21	12.9	21	8.7	42
Delaware	83.6	22	87.0	18	72.8	21	67.1	35	8.5	40	6.7	35	14.1	36	7.6	35
District of Columbia	64.6	51	77.4	49	60.0	50	60.8	48	14.3	51	7.2	43	16.7	43	8.0	37
Florida	83.3	25	86.5	22	72.3	23	80.5	6	7.9	35	6.6	33	12.2	12	6.4	19
Georgia	85.2	11	89.0	7	78.0	9	73.3	18	8.5	40	6.4	21	12.7	17	5.4	2
Hawaii	84.2	16	89.3	5	86.4	1	83.6	3	7.3	23	4.9	2	8.6	1	6.1	12
Idaho	78.9	43	79.2	45	75.7	15	60.0	49	5.8	6	5.7	9	••	••	6.7	25
Illinois	81.5	34	84.7	32	68.8	32	71.4	22	8.0	37	6.3	18	14.5	40	5.8	5
Indiana	80.4	39	82.2	40	64.7	43	66.8	36	7.6	30	6.9	39	13.9	33	7.1	29
Iowa	87.1	7	87.7	14	75.0	17	69.1	32	6.4	14	6.0	13	14.7	41	5.9	6
Kansas	85.5	8	86.4	23	76.4	13	64.7	44	6.9	19	6.4	21	13.4	27	6.0	10
Kentucky	84.7	12	85.8	27	74.3	18	75.5	12	7.9	35	7.4	47	12.7	17	7.4	32
Louisiana	81.1	36	88.7	8	70.4	30	81.9	4	9.9	49	6.9	39	14.3	39	5.2	1
Maine	89.9	1	90.1	3	85.5	2	78.9	8	5.9	9	5.8	11	••	••	••	••
Maryland	88.3	4	92.4	1	78.5	8	81.0	5	8.6	43	6.3	18	13.4	27	6.2	14
Massachusetts	83.7	21	85.6	28	70.6	29	70.2	27	6.4	14	6.0	13	10.4	2	8.0	37
Michigan	84.2	16	87.0	18	71.5	27	73.1	19	7.7	31	6.4	21	13.6	30	6.1	12
Minnesota	83.5	23	86.0	26	64.5	45	59.8	50	5.8	6	5.4	6	12.0	8	5.9	6
Mississippi	78.6	45	88.0	11	68.0	35	80.2	7	9.9	49	7.3	45	12.9	21	••	••
Missouri	85.5	8	87.9	12	72.2	24	77.9	9	7.5	25	6.5	26	12.8	20	6.3	17
Montana	82.7	28	84.4	34	81.6	4	73.9	16	6.4	14	6.2	16	••	••	8.1	39
Nebraska	84.5	14	85.4	31	73.2	20	66.6	38	6.3	12	6.0	13	10.7	3	6.4	19
Nevada	77.6	47	78.5	47	67.4	36	65.7	40	7.5	25	6.8	36	14.0	35	6.2	14
New Hampshire	89.1	3	89.3	5	76.4	13	75.5	12	4.8	1	4.7	1	••	••	••	••
New Jersey	81.8	31	85.5	29	65.5	42	70.9	24	7.7	31	6.4	21	13.1	23	7.1	29
New Mexico	69.7	50	71.9	51	60.9	49	66.4	39	7.5	25	7.5	48	13.5	29	7.7	36
New York	79.1	42	82.6	37	68.4	34	68.4	33	7.7	31	6.5	26	11.9	7	7.5	34
North Carolina	83.5	23	88.1	10	71.8	26	67.8	34	8.7	44	6.8	36	13.9	33	6.2	14
North Dakota	84.7	12	86.3	24	78.7	6	71.5	21	5.7	5	5.7	9	••	••	••	••
Ohio	85.4	10	87.6	15	72.5	22	76.4	11	7.5	25	6.5	26	13.2	25	6.8	26
Oklahoma	78.7	44	81.1	42	67.1	37	70.1	29	7.4	24	6.8	36	13.1	23	6.8	26
Oregon	79.9	40	80.3	44	76.6	12	65.6	41	5.3	2	5.2	4	11.2	5	5.9	6
Pennsylvania	84.2	16	87.1	17	67.1	37	70.6	26	7.5	25	6.5	26	14.1	36	9.5	43
Rhode Island	89.6	2	90.8	2	78.6	7	84.1	2	6.9	19	6.5	26	12.0	8	7.4	32
South Carolina	79.4	41	86.2	25	67.1	37	63.9	45	9.2	47	7.0	41	13.2	25	6.4	19
South Dakota	81.7	32	85.5	29	63.9	47	71.3	23	5.8	6	5.8	11	••	••	••	••
Tennessee	83.3	25	86.7	21	71.5	27	65.5	42	8.8	45	7.3	45	14.2	38	7.0	28
Texas	78.1	46	78.4	48	74.0	19	70.2	27	7.2	21	6.5	26	12.4	13	6.6	24
Utah	83.8	20	84.7	32	64.5	45	64.9	43	6.6	17	6.6	33	12.0	8	8.2	40
Vermont	87.4	6	87.5	16	••	••	89.5	1	6.2	11	6.2	16	••	••	••	••
Virginia	84.5	14	88.4	9	72.1	25	72.6	20	7.7	31	6.3	18	12.2	12	7.2	31
Washington	83.2	27	84.1	35	76.7	11	70.7	25	5.6	4	5.3	5	10.8	4	5.5	4
West Virginia	81.9	29	82.5	38	65.9	41	73.7	17	8.0	37	7.8	49	12.4	14	••	••
Wisconsin	84.1	19	87.0	18	66.2	40	69.5	30	6.3	12	5.6	8	12.7	17	6.5	23
Wyoming	81.9	29	82.5	38	64.6	44	69.3	31	8.4	39	8.3	50	••	••	9.6	44
United States	81.9		84.0		71.4		72.2		7.4		6.3		13.0		6.3	

*Births to mothers who received care in the first trimester (first three months) of pregnancy, as a percentage of all births among base group.
**Newborns weighing less than 2,500 grams (5 lbs., 8 oz.), as a percentage of all births among base group.
***Persons of Hispanic origin can be of any race.
•• Number too small to calculate a reliable rate.
Source: U.S. Department of Health and Human Services, National Center for Health Statistics, *Monthly Vital Statistics Report*, Vol. 46, No. 11, Supplement (June 30, 1998), Report of Final Natality Statistics, 1996. Calculations by Children's Defense Fund.

172

TABLE B10

Teen Birth Rates,* 1990-1996

	1990	1991	1992	1993	1994	1995	1996
Alabama	71.0	73.9	72.5	70.5	72.2	70.3	69.2
Alaska	65.3	65.4	63.9	56.8	55.5	50.2	46.4
Arizona	75.5	80.7	81.7	79.8	78.7	75.7	73.9
Arkansas	80.1	79.8	75.5	73.9	76.3	73.5	75.4
California	70.6	74.7	74.0	72.7	71.3	68.2	62.6
Colorado	54.5	58.2	58.4	55.2	54.3	51.3	49.5
Connecticut	38.8	40.4	39.4	39.2	40.3	39.3	37.4
Delaware	54.5	61.1	59.6	59.7	60.2	57.0	56.9
District of Columbia	93.1	114.4	116.1	128.8	114.7	106.8	102.1
Florida	69.1	68.8	66.3	64.8	64.4	61.7	58.9
Georgia	75.5	76.3	74.5	73.0	71.7	71.1	68.2
Hawaii	61.2	58.7	53.5	53.0	53.5	47.9	48.1
Idaho	50.6	53.9	51.7	50.7	46.6	49.0	47.2
Illinois	62.9	64.8	63.6	63.0	62.8	59.9	57.1
Indiana	58.6	60.5	58.7	58.6	57.9	57.5	56.1
Iowa	40.5	42.6	40.8	41.1	39.7	38.6	37.8
Kansas	56.1	55.4	55.7	55.7	53.5	52.2	49.6
Kentucky	67.6	68.9	64.7	64.0	64.5	62.5	61.5
Louisiana	74.2	76.1	76.5	76.1	74.7	69.9	66.7
Maine	43.0	43.5	39.8	37.1	35.5	33.6	31.4
Maryland	53.2	54.3	50.7	50.1	49.7	47.7	46.1
Massachusetts	35.1	37.8	38.0	37.9	37.2	34.3	32.2
Michigan	59.0	59.0	56.5	53.2	52.1	49.2	46.5
Minnesota	36.3	37.3	36.0	35.0	34.4	32.4	32.1
Mississippi	81.0	85.6	84.2	83.3	83.0	80.6	75.5
Missouri	62.8	64.5	63.2	59.8	59.0	55.5	53.7
Montana	48.4	46.7	46.2	45.7	41.2	41.8	38.6
Nebraska	42.3	42.4	41.1	40.5	42.8	37.6	38.7
Nevada	73.3	75.3	71.4	73.4	73.6	73.3	69.6
New Hampshire	33.0	33.3	31.3	30.7	30.1	30.5	28.6
New Jersey	40.5	41.6	39.2	38.1	39.3	38.0	35.4
New Mexico	78.2	79.8	80.3	81.1	77.4	74.5	70.9
New York	43.6	46.0	45.3	45.7	45.8	44.0	41.8
North Carolina	67.6	70.5	69.5	66.8	66.3	64.1	63.5
North Dakota	35.4	35.6	37.3	36.8	34.6	33.5	32.3
Ohio	57.9	60.5	58.0	56.8	55.0	53.4	50.4
Oklahoma	66.8	72.1	69.9	68.6	65.9	64.0	63.4
Oregon	54.6	54.9	53.2	51.2	50.7	50.7	50.8
Pennsylvania	44.9	46.9	45.2	44.3	43.8	41.7	39.3
Rhode Island	43.9	45.4	47.5	49.8	47.7	43.1	42.5
South Carolina	71.3	72.9	70.3	66.0	66.5	65.1	62.9
South Dakota	46.8	47.5	48.3	44.3	42.8	40.5	39.5
Tennessee	72.3	75.2	71.4	70.2	71.0	67.9	66.1
Texas	75.3	78.9	78.9	78.1	77.6	76.1	73.5
Utah	48.5	48.2	46.3	44.5	42.7	42.4	42.8
Vermont	34.0	39.2	35.6	35.2	33.0	28.6	30.1
Virginia	52.9	53.5	51.8	49.8	50.7	48.7	45.5
Washington	53.1	53.7	50.9	50.2	48.2	47.6	45.0
West Virginia	57.3	57.8	56.0	55.6	54.3	52.7	50.3
Wisconsin	42.6	43.7	42.1	41.1	38.8	37.8	36.8
Wyoming	56.3	54.2	49.6	49.6	48.2	47.2	44.0
United States	59.9	62.1	60.7	59.6	58.9	56.8	54.4

*Number of births to women ages 15-19 per 1,000 females in that age group.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics.

BEST COPY AVAILABLE

TABLE B11

Infant Mortality, by Race of Mother, 1996*

	All races		White		Black	
	Rate	Rank**	Rate	Rank**	Rate	Rank**
Alabama	10.5	49	8.2	48	15.5	21
Alaska	7.2	24	5.8	18	••	••
Arizona	7.6	30	7.1	40	20.5	32
Arkansas	9.3	48	8.1	47	14.0	11
California	5.9	9	5.5	12	13.9	10
Colorado	6.6	18	6.4	30	14.7	15
Connecticut	6.4	16	5.3	8	14.9	16
Delaware	7.6	30	6.0	22	12.7	4
District of Columbia	14.9	51	••	••	17.6	26
Florida	7.5	28	5.8	18	13.3	6
Georgia	9.2	46	6.3	28	14.9	16
Hawaii	5.8	8	••	••	••	••
Idaho	7.4	26	7.4	43	••	••
Illinois	8.6	42	6.4	30	18.2	29
Indiana	8.7	43	7.5	44	18.4	30
Iowa	7.0	20	6.5	33	••	••
Kansas	8.3	37	7.2	42	23.1	33
Kentucky	7.5	28	6.9	37	13.6	7
Louisiana	9.0	45	6.5	33	12.8	5
Maine	4.4	1	4.4	1	••	••
Maryland	8.5	39	5.7	15	14.5	12
Massachusetts	5.0	2	4.8	3	8.8	1
Michigan	8.1	36	5.9	20	17.6	26
Minnesota	5.9	9	5.1	6	14.5	12
Mississippi	11.0	50	8.0	46	14.6	14
Missouri	7.6	30	6.2	26	15.7	22
Montana	7.0	20	6.8	36	••	••
Nebraska	8.7	43	8.4	49	••	••
Nevada	6.2	13	5.4	11	••	••
New Hampshire	5.0	2	5.0	4	••	••
New Jersey	6.9	19	5.3	8	14.9	16
New Mexico	6.2	13	6.1	23	••	••
New York	7.0	20	5.7	15	12.4	3
North Carolina	9.2	46	7.1	40	15.3	19
North Dakota	5.3	5	5.0	4	••	••
Ohio	7.7	33	6.3	28	16.2	24
Oklahoma	8.5	39	7.7	45	17.6	26
Oregon	5.6	6	5.3	8	••	••
Pennsylvania	7.8	35	6.4	30	16.9	25
Rhode Island	5.2	4	5.1	6	••	••
South Carolina	8.4	38	5.6	13	13.7	8
South Dakota	5.7	7	4.5	2	••	••
Tennessee	8.5	39	6.7	35	15.4	20
Texas	6.3	15	5.7	15	11.7	2
Utah	6.0	11	5.9	20	••	••
Vermont	7.1	23	6.9	37	••	••
Virginia	7.7	33	6.1	23	13.8	9
Washington	6.0	11	5.6	13	15.7	22
West Virginia	7.4	26	6.9	37	••	••
Wisconsin	7.3	25	6.1	23	18.8	31
Wyoming	6.4	16	6.2	26	••	••
United States	7.3		6.1		14.7	

*Infant deaths (before age 1) per 1,000 live births.

**States are ranked from lowest to highest rate.

•• Number too small to calculate a reliable rate.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, *National Vital Statistics Report*, Vol. 47, No. 9 (November 10, 1998), Deaths: Final Data for 1996. Calculations by Children's Defense Fund.

TABLE B12

Health Insurance Coverage and Immunization Status of Children

	Children under age 19 lacking health insurance throughout the year, 1995–1997*			19- to 35-month-old children fully immunized, 1997**	
	Number	Percent	Rank	Percent	Rank
Alabama	162,000	13.7%	29	85%	2
Alaska	23,000	11.1	20	75	32
Arizona	335,000	24.2	50	73	40
Arkansas	161,000	22.2	48	77	23
California	1,775,000	18.2	42	74	36
Colorado	171,000	15.5	36	72	43
Connecticut	90,000	10.7	17	85	2
Delaware	27,000	13.7	29	79	15
District of Columbia	19,000	15.8	38	73	40
Florida	726,000	19.2	43	77	23
Georgia	344,000	15.8	38	79	15
Hawaii	20,000	6.0	1	79	15
Idaho	57,000	14.9	32	70	50
Illinois	351,000	10.3	14	74	36
Indiana	193,000	12.0	25	72	43
Iowa	86,000	11.1	20	76	27
Kansas	80,000	10.8	19	82	7
Kentucky	161,000	15.2	35	79	15
Louisiana	294,000	22.2	48	76	27
Maine	48,000	14.9	32	84	4
Maryland	147,000	10.6	16	80	10
Massachusetts	140,000	9.1	9	86	1
Michigan	221,000	8.2	6	75	32
Minnesota	93,000	7.0	3	78	22
Mississippi	161,000	19.3	45	80	10
Missouri	201,000	13.3	26	77	23
Montana	30,000	11.8	24	74	36
Nebraska	45,000	9.4	11	75	32
Nevada	94,000	19.8	24	71	48
New Hampshire	28,000	8.9	8	84	4
New Jersey	331,000	15.6	37	76	27
New Mexico	108,000	19.8	46	75	32
New York	707,000	14.4	31	76	27
North Carolina	331,000	16.2	40	80	10
North Dakota	18,000	10.1	13	82	7
Ohio	315,000	10.3	14	73	40
Oklahoma	185,000	19.2	43	71	48
Oregon	117,000	13.3	26	72	43
Pennsylvania	258,000	8.4	7	80	10
Rhode Island	23,000	9.2	10	81	9
South Carolina	190,000	18.0	41	79	15
South Dakota	17,000	7.9	5	76	27
Tennessee	219,000	15.1	34	77	23
Texas	1,497,000	24.5	51	74	36
Utah	85,000	11.4	22	69	51
Vermont	11,000	7.3	4	84	4
Virginia	205,000	11.4	22	72	43
Washington	158,000	10.0	12	79	15
West Virginia	49,000	10.7	17	80	10
Wisconsin	87,000	6.0	1	79	15
Wyoming	19,000	13.4	28	72	43
United States	11,586,000	15.3		76	

*The U.S. percentage and number of uninsured are from the March 1998 Current Population Survey (CPS). Beginning with this survey, the national uninsured count includes all those with health coverage only through the Indian Health Service. The estimated percentage of uninsured children in each state is the average of the percentages of children uninsured during the years 1995-1997. Three-year averages are used because of small sample sizes in some states. The estimated number of uninsured children in each state is calculated by applying that average percentage to the most recent Census estimates of the number of children under age 19 in each state.

**Children ages 19-35 months during 1997; full immunization is defined as four doses of DPT, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of Hib vaccine.

Source: U.S. Department of Commerce, Bureau of the Census, Current Population Survey, March, 1996, 1997, and 1998; U.S. Department of Commerce, Bureau of the Census, from http://www.census.gov/population/www/estimates/statepop.html ; and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, Vol. 47, No. 26 (July 10, 1998). Calculations by Children's Defense Fund.

175

BEST COPY AVAILABLE

TABLE B13

Current Medicaid Enrollment of Children, and Decrease from Peak Year

	Number enrolled, FY1997	Peak year		Decrease in enrollment from peak year	
		Year	Number enrolled	Number	Percent
Alabama	410,498	FY97	—	—	—
Alaska	49,760	FY96	52,497	2,737	5.2%
Arizona	431,637	FY95	460,787	29,150	6.3
Arkansas	211,509	FY97	—	—	—
California	3,541,295	FY94	3,805,000	263,705	6.9
Colorado	203,049	FY94	215,844	12,795	5.9
Connecticut	212,059	FY96	212,762	703	0.3
Delaware	58,334	FY97	—	—	0.0
District of Columbia	80,735	FY94	84,560	3,825	4.5
Florida	1,194,290	FY93	1,315,806	121,516	9.2
Georgia	773,398	FY97	—	—	—
Hawaii	no data available				
Idaho	73,195	FY96	82,762	9,567	11.6
Illinois	1,108,986	FY95	1,124,744	15,758	1.4
Indiana	358,739	FY94	386,554	27,815	7.2
Iowa	170,970	FY94	179,295	8,325	4.6
Kansas	152,788	FY95	164,541	11,753	7.1
Kentucky	343,438	FY95	366,196	22,758	6.2
Louisiana	459,408	FY95	473,744	14,336	3.0
Maine	94,030	FY94	97,458	3,428	3.5
Maryland	220,095	FY95	349,779	129,684	37.1
Massachusetts	389,315	FY96	419,973	30,658	7.3
Michigan	785,525	FY94	811,500	25,975	3.2
Minnesota	353,734	FY96	369,339	15,605	4.2
Mississippi	307,460	FY94	369,286	61,826	16.7
Missouri	465,834	FY96	468,126	2,292	0.5
Montana	53,019	FY95	59,680	6,661	11.2
Nebraska	124,091	FY97	—	—	—
Nevada	79,714	FY96	91,112	11,398	12.5
New Hampshire	60,678	FY97	—	—	—
New Jersey	456,720	FY95	470,018	13,298	2.8
New Mexico	233,321	FY97	—	—	—
New York	1,693,941	FY95	1,765,819	71,878	4.1
North Carolina	670,968	FY97	—	—	—
North Dakota	33,792	FY95	36,305	2,513	6.9
Ohio	820,116	FY92	953,006	132,890	13.9
Oklahoma	247,644	FY95	265,019	17,375	6.6
Oregon	262,650	FY97	—	—	—
Pennsylvania	895,506	FY95	941,772	46,266	4.9
Rhode Island	76,544	FY95	77,881	1,337	1.7
South Carolina	327,629	FY97	—	—	—
South Dakota	53,660	FY96	54,018	358	0.7
Tennessee	653,484	FY97	—	—	—
Texas	1,794,065	FY95	1,855,406	61,341	3.3
Utah	113,902	FY95	130,623	16,721	12.8
Vermont	61,989	FY97	—	—	—
Virginia	431,054	FY96	439,778	8,724	2.0
Washington	561,023	FY97	—	—	—
West Virginia	220,237	FY96	261,343	41,106	15.7
Wisconsin	320,044	FY94	359,792	39,748	11.0
Wyoming	33,560	FY96	35,153	1,593	4.5
United States	22,729,432	FY95	23,395,606	666,174	2.8

—FY97 is the peak year; hence, no decrease was calculated.

Notes: 1) Children enrolled in Medicaid include all persons under 21 years of age who were enrolled for any number of months during the fiscal year; 2) Data on child enrollment in Hawaii were not available for fiscal years 1995 and 1997; 3) Data on child enrollment for Rhode Island were only available for fiscal years 1995 through 1997; therefore, calculations were based on those three years.

Source: Health Care Financing Administration, HCFA-2082 Report, from http://www.hcfa.gov/medicaid/mstats.htm for fiscal years 1991 through 1997. Calculations by Children's Defense Fund.

176

TABLE B14

Head Start Enrollment and Race of Enrollees, FY 1998

	Total enrollment	Race of enrollees (percentage distribution)					
		White	Black	Hispanic	Asian	Pacific Islander	Native American
Alabama	15,118	24.1%	73.9%	1.3%	0.5%	0.1%	0.2%
Alaska	1,261	26.7	7.6	6.4	2.7	1.6	55.1
Arizona	11,055	24.1	7.9	61.6	0.7	0.1	5.7
Arkansas	9,893	46.8	49.4	3.1	0.3	0.0	0.4
California	86,368	15.9	15.5	60.9	6.6	0.4	0.7
Colorado	8,863	31.8	10.8	53.4	1.7	0.1	2.1
Connecticut	6,476	22.1	40.9	35.3	1.2	0.0	0.2
Delaware	2,114	19.8	64.0	14.6	0.8	0.1	0.4
District of Columbia	3,295	0.5	84.5	12.9	2.0	0.0	0.0
Florida	30,285	20.4	60.9	17.8	0.8	0.1	0.1
Georgia	21,195	19.4	74.7	5.1	0.5	0.3	0.1
Hawaii	2,769	19.2	5.8	7.5	21.6	45.2	0.8
Idaho	2,231	70.8	1.8	23.3	0.8	0.1	3.2
Illinois	34,871	25.5	54.4	18.4	1.3	0.1	0.3
Indiana	12,930	61.6	32.1	5.7	0.4	0.0	0.2
Iowa	6,922	74.7	14.5	8.0	2.1	0.2	0.5
Kansas	7,175	50.0	27.9	17.7	1.7	1.1	1.7
Kentucky	15,163	76.0	19.6	1.4	0.8	0.1	0.1
Louisiana	20,402	17.8	80.5	0.8	0.6	0.0	0.3
Maine	3,537	93.4	2.7	1.2	0.9	0.1	1.7
Maryland	9,507	25.4	66.8	6.3	1.2	0.0	0.2
Massachusetts	11,877	38.8	20.4	33.4	6.7	0.3	0.5
Michigan	33,316	50.3	41.7	5.7	0.9	0.0	1.3
Minnesota	9,545	58.0	18.2	10.2	9.9	0.0	3.9
Mississippi	24,953	11.0	89.0	0.4	0.0	0.0	0.0
Missouri	15,415	57.6	38.4	2.8	0.8	0.1	0.3
Montana	2,555	82.4	2.0	4.1	1.0	0.0	10.6
Nebraska	4,335	60.4	18.4	16.0	1.7	0.0	3.6
Nevada	2,035	27.0	31.7	36.7	0.7	1.0	2.3
New Hampshire	1,382	90.2	3.8	4.4	0.9	0.1	0.7
New Jersey	14,201	12.9	56.3	28.5	1.9	0.1	0.3
New Mexico	7,012	17.8	3.7	70.6	0.5	0.0	7.6
New York	45,614	29.0	35.4	31.6	3.5	0.0	0.6
North Carolina	17,221	24.1	68.5	4.7	0.7	0.0	2.0
North Dakota	1,966	80.6	2.7	3.7	1.3	0.0	11.7
Ohio	36,300	49.6	45.7	3.5	0.9	0.1	0.2
Oklahoma	12,142	51.5	25.6	8.3	0.5	0.2	13.8
Oregon	5,400	62.0	7.9	24.8	2.5	0.3	2.6
Pennsylvania	28,902	46.1	42.7	9.9	1.1	0.0	0.1
Rhode Island	2,778	50.0	20.5	23.3	3.4	0.1	2.7
South Carolina	11,110	7.4	91.5	0.7	0.2	0.0	0.1
South Dakota	2,355	71.6	3.1	3.0	0.7	0.2	21.0
Tennessee	14,748	54.0	43.3	1.7	0.8	0.1	0.2
Texas	57,281	14.4	26.6	57.4	0.7	0.1	0.8
Utah	4,654	55.5	3.2	31.0	1.9	2.7	5.6
Vermont	1,404	95.2	2.0	0.7	1.4	0.0	0.7
Virginia	12,053	38.3	61.7	7.1	2.8	0.0	0.2
Washington	9,679	49.0	13.7	24.0	8.4	0.8	4.1
West Virginia	6,876	88.0	11.2	0.3	0.2	0.0	0.0
Wisconsin	12,905	48.0	30.0	10.6	7.8	0.1	3.2
Wyoming	1,452	68.2	3.3	24.4	0.8	0.1	3.0
United States	722,896						

Source: U.S. Department of Health and Human Services, Head Start Bureau.

BEST COPY AVAILABLE

TABLE B15

Child Care Centers
Child/Staff Ratio Requirements*

	Age of children				
	9 months	18 months	27 months	3 years	4 years
Alabama	6:1	8:1	8:1	12:1	20:1
Alaska	5:1	6:1	6:1	10:1	10:1
Arizona	5:1/11:1	6:1/13:2	8:1	13:1	15:1
Arkansas	6:1	9:1	12:1	12:1	15:1
California	4:1	6:1	6:1	12:1	12:1
Colorado	5:1	5:1	7:1	10:1	12:1
Connecticut	4:1	4:1	4:1	10:1	10:1
Delaware	4:1	7:1	10:1	12:1	15:1
District of Columbia	4:1	4:1	4:1	8:1	10:1
Florida	4:1	6:1	11:1	15:1	20:1
Georgia	6:1	8:1	10:1	15:1	18:1
Hawaii	4:1	6:1	8:1	12:1	16:1
Idaho	6:1	6:1	12:1	12:1	12:1
Illinois	4:1	6:1	8:1	10:1	10:1
Indiana	4:1	5:1	5:1	10:1	12:1
Iowa	4:1	4:1	6:1	8:1	12:1
Kansas	3:1	6:1	7:1	12:1	12:1
Kentucky	5:1	6:1	10:1	12:1	14:1
Louisiana	6:1	8:1	12:1	14:1	16:1
Maine	4:1	5:1	5:1	10:1	10:1
Maryland	3:1	3:1	6:1	10:1	10:1
Massachusetts	3:1/7:1	4:1/9:2	4:1/9:2	10:1	10:1
Michigan	4:1	4:1	4:1	10:1	12:1
Minnesota	4:1	7:1	7:1	10:1	10:1
Mississippi	5:1	9:1	12:1	14:1	16:1
Missouri	4:1	4:1	8:1	10:1	10:1
Montana	4:1	4:1	8:1	10:1	10:1
Nebraska	4:1	6:1	6:1	10:1	12:1
Nevada	6:1	8:1	10:1	13:1	13:1
New Hampshire	4:1	5:1	8:1	8:1	12:1
New Jersey	4:1	7:1	7:1	10:1	15:1
New Mexico	6:1	6:1	10:1	12:1	12:1
New York	4:1	5:1	5:1	7:1	8:1
New York City	4:1	5:1	5:1	7.5:1	12:1
North Carolina	5:1	6:1	10:1	15:1	20:1
North Dakota	4:1	4:1	5:1	7:1	10:1
Ohio	5:1	7:1	7:1	12:1	12:1
Oklahoma	4:1	6:1	8:1	12:1	15:1
Oregon	4:1	4:1	4:1	10:1	10:1
Pennsylvania	4:1	5:1	6:1	10:1	10:1
Rhode Island	4:1	6:1	6:1	9:1	10:1
South Carolina	6:1	6:1	10:1	13:1	18:1
South Dakota	5:1	5:1	10:1	10:1	10:1
Tennessee	5:1	7:1	8:1	10:1	15:1
Texas	4:1/10:2	9:1/18:2	13:1/26:2	17:1/34:2	20:1/35:2
Utah	4:1	4:1	7:1	12:1	15:1
Vermont	4:1	4:1	5:1	10:1	10:1
Virginia	4:1	5:1	10:1	10:1	12:1
Washington	4:1	7:1	7:1	10:1	10:1
West Virginia	4:1	4:1	8:1	10:1	12:1
Wisconsin	4:1	4:1	6:1	10:1	13:1
Wyoming	5:1	5:1	8:1	10:1	15:1
NAEYC-recommended levels	3:1 to 4:1	3:1 to 5:1	4:1 to 6:1	7:1 to 10:1	8:1 to 10:1

*Data as of June 1998.

Sources: The Center for Career Development in Early Care and Education, Wheelock College; and The National Association for the Education of Young Children (NAEYC).

178

TABLE B16

Participants in Federal Education and Disability Programs

	Title I 1996–1997	Individuals with Disabilities Education Act (IDEA) 1995-1996 school year				Supplemental Security Income (SSI)	
		Total	Ages 3–5	Ages 6–17	Ages 18–21	Child recipients, Dec. 1998	Child cases selected for termination Aug. 1996–Oct. 1998*
Alabama	238,349	98,266	8,594	84,440	5,232	25,788	4,320
Alaska	17,888	17,604	2,015	14,958	631	910	69
Arizona	211,078	76,121	7,893	65,263	2,965	12,102	1,044
Arkansas	138,037	53,880	7,520	44,024	2,336	15,665	3,484
California	2,061,265	565,670	54,795	489,168	21,707	78,861	4,013
Colorado	65,039	69,850	7,153	59,786	2,911	8,167	797
Connecticut	61,706	76,226	7,359	65,412	3,455	5,239	470
Delaware	11,105	15,624	1,905	13,025	694	2,517	167
District of Columbia	47,208	7,058	387	6,081	590	2,867	157
Florida	565,453	310,184	27,080	271,078	12,026	60,049	6,821
Georgia	266,854	135,042	13,314	117,164	4,564	27,243	2,741
Hawaii	47,934	16,029	1,306	14,177	546	1,051	27
Idaho	36,734	23,826	3,091	19,989	746	3,228	497
Illinois	364,626	255,905	24,967	220,648	10,290	41,629	5,365
Indiana	101,517	133,962	12,261	115,629	6,072	17,479	2,713
Iowa	59,845	66,247	5,837	57,148	3,262	5,785	801
Kansas	73,401	53,602	6,135	45,404	2,063	6,415	1,573
Kentucky	251,205	82,889	14,683	64,997	3,209	22,821	2,306
Louisiana	329,916	91,059	9,588	76,743	4,728	31,950	7,492
Maine	22,005	31,872	3,553	26,956	1,363	2,764	195
Maryland	114,220	100,863	9,486	87,489	3,888	13,018	1,208
Massachusetts	155,458	157,196	14,241	135,126	7,829	15,634	1,615
Michigan	250,000	188,768	18,241	161,511	9,016	37,137	4,973
Minnesota	116,603	98,311	10,781	83,697	3,833	9,487	1,078
Mississippi	280,097	66,804	6,607	57,399	2,798	21,063	3,470
Missouri	158,854	121,407	8,395	107,763	5,249	16,997	3,679
Montana	32,720	18,364	1,766	15,834	764	2,017	331
Nebraska	37,048	39,308	3,312	34,460	1,536	3,666	530
Nevada	26,263	28,202	3,166	24,146	890	3,613	196
New Hampshire	13,361	25,150	2,165	21,827	1,158	1,706	139
New Jersey	147,824	197,062	16,639	171,551	8,872	20,262	2,046
New Mexico	75,867	47,578	4,563	41,256	1,759	5,662	688
New York	660,901	394,841	48,536	323,144	23,161	71,024	11,439
North Carolina	252,173	147,078	16,671	125,794	4,613	29,981	3,985
North Dakota	16,486	12,355	1,169	10,567	619	1,071	124
Ohio	278,451	227,529	18,204	197,241	12,084	46,477	6,932
Oklahoma	187,715	71,728	5,312	63,161	3,255	10,848	1,040
Oregon	92,029	65,022	6,097	56,338	2,587	6,368	372
Pennsylvania	353,653	210,929	20,586	179,234	11,109	40,354	4,301
Rhode Island	16,029	25,072	2,333	21,461	1,278	2,889	458
South Carolina	213,710	86,522	10,319	73,090	3,113	17,010	2,152
South Dakota	21,084	15,512	2,176	12,703	633	2,242	200
Tennessee	198,612	126,467	10,151	109,981	6,329	21,197	3,337
Texas	1,645,489	441,543	32,262	386,842	22,439	50,094	7,359
Utah	50,851	52,463	4,861	45,686	1,916	3,625	439
Vermont	12,317	11,246	1,215	9,518	513	1,213	161
Virginia	96,280	141,759	13,284	122,388	6,087	21,057	3,502
Washington	151,809	106,890	12,565	89,825	4,500	11,416	877
West Virginia	70,442	46,487	4,842	39,277	2,368	7,717	1,167
Wisconsin	156,138	106,413	13,545	87,990	4,878	17,469	3,701
Wyoming	13,452	12,549	1,556	10,490	503	949	176
United States	10,866,101	5,572,328	544,482	4,778,879	248,967	887,066	115,282

*Child SSI cases selected for termination as a result of the 1996 federal welfare law. (Figures reflect only initial appeals. Government analysts expect that closer to 100,000 children nationwide will ultimately lose SSI.)

Sources: U.S. Department of Education, Office of Elementary and Secondary Education, Compensatory Education Programs, Title I, unpublished tabulations; U.S. Department of Education, *To Assure the Free Appropriate Public Education of All Children with Disabilities: Nineteenth Annual Report to Congress on the Implementation of The Individuals with Disabilities Education Act* (1997), Table AA1; and U.S. Social Security Administration, unpublished data. Calculations by Children's Defense Fund.

BEST COPY AVAILABLE

TABLE B17

Child Abuse and Neglect*

	Child victims of abuse and neglect**			Type of abuse or neglect, 1996 (percentage distribution)					
	1990	1996	Percent change	Physical abuse	Neglect	Medical neglect	Sexual abuse	Emotional neglect	Other abuse
Alabama	16,508	18,640	12.9%	31.4%	43.3%	0.0%	18.7%	6.5%	0.0%
Alaska	5,217	7,544	44.6	31.6	51.4	0.0	14.6	2.3	0.1
Arizona	24,244	20,633	-14.9	21.3	31.0	9.1	4.9	2.3	31.4
Arkansas	7,922	8,571	8.2	18.1	28.4	4.2	14.6	0.0	34.7
California	78,512	182,160	132.0	31.7	46.2	0.0	15.9	5.9	0.3
Colorado	7,906	6,906	-12.6	24.5	48.7	5.5	11.6	9.7	0.0
Connecticut	12,481	19,906	59.5	10.1	35.5	2.8	2.8	23.6	25.2
Delaware	2,065	2,337	13.2	13.0	36.2	3.2	7.3	16.1	24.3
District of Columbia	3,210	5,867	82.8	7.9	79.1	0.0	1.9	11.1	0.0
Florida	79,086	74,587	-5.7	17.3	40.3	2.6	7.0	3.3	29.5
Georgia	34,120	48,572	42.4	17.5	60.2	5.1	9.3	4.5	3.5
Hawaii	1,974	2,555	29.4	18.8	19.3	1.5	6.0	4.0	50.4
Idaho	2,667	8,816	230.6	34.0	42.2	0.0	19.1	0.0	4.7
Illinois	37,539	43,973	17.1	9.2	33.9	8.3	8.4	1.1	39.1
Indiana	26,818	22,861	-14.8	20.3	56.0	5.4	18.3	0.0	0.0
Iowa	8,215	9,967	21.3	29.8	51.3	2.3	11.7	1.4	3.6
Kansas	—	3,264	—	25.7	24.8	2.1	29.3	3.4	14.7
Kentucky	22,239	27,293	22.7	26.1	62.3	0.0	7.5	0.0	4.1
Louisiana	15,383	14,911	-3.1	19.9	70.5	0.0	5.3	3.7	0.6
Maine	4,133	4,656	12.7	15.3	35.0	0.0	8.1	41.6	0.0
Maryland	—	—	—	—	—	—	—	—	—
Massachusetts	28,621	27,219	-4.9	21.5	71.7	0.0	4.6	1.9	0.3
Michigan	25,774	21,073	-18.2	21.0	52.9	1.2	7.4	2.7	14.7
Minnesota	9,256	10,200	10.2	28.8	57.5	4.3	7.6	1.9	0.0
Mississippi	7,584	—	—	—	—	—	—	—	—
Missouri	21,732	23,522	8.2	15.6	44.6	2.5	12.3	15.6	9.3
Montana	—	3,664	—	15.1	48.9	2.4	8.2	20.0	5.3
Nebraska	5,595	3,612	-35.4	25.5	62.5	0.0	12.0	0.0	0.0
Nevada	7,703	8,135	5.6	12.7	42.2	2.4	2.1	4.7	35.9
New Hampshire	1,056	1,063	0.7	29.2	48.3	0.0	19.5	3.0	0.0
New Jersey	19,546	10,537	-46.1	25.1	55.3	5.5	7.4	2.2	4.4
New Mexico	4,379	8,845	102.0	22.7	70.4	0.0	6.8	0.0	0.0
New York	57,931	70,602	21.9	12.9	22.1	2.5	3.2	0.9	58.3
North Carolina	24,880	33,133	33.2	4.6	87.1	2.3	4.2	0.5	1.4
North Dakota	2,893	270	-90.7	—	—	—	—	—	—
Ohio	49,434	56,336	14.0	22.9	52.6	0.0	15.1	9.4	0.0
Oklahoma	—	11,646	—	15.2	63.4	2.6	7.1	4.6	7.1
Oregon	8,126	9,238	13.7	14.6	23.4	4.6	13.2	8.8	35.4
Pennsylvania	7,951	6,183	-22.2	43.6	3.8	2.9	42.7	1.9	5.2
Rhode Island	5,393	4,181	-22.5	27.4	61.7	2.3	8.2	0.0	0.0
South Carolina	9,632	8,917	-7.4	14.3	40.7	3.4	7.0	1.1	33.6
South Dakota	4,132	2,617	-36.7	18.0	65.2	0.0	7.2	9.6	0.0
Tennessee	11,473	11,439	-0.3	19.7	42.6	3.3	20.8	4.2	9.4
Texas	53,939	44,704	-17.1	27.2	46.2	3.8	14.4	5.2	3.3
Utah	8,524	8,538	0.2	21.3	16.9	1.3	24.9	15.2	20.5
Vermont	1,500	1,221	-18.6	22.9	25.1	2.2	49.2	0.6	0.0
Virginia	14,174	10,280	-27.5	22.6	56.2	2.6	13.3	3.4	1.8
Washington	—	20,033	—	18.8	26.9	2.2	8.4	3.9	39.7
West Virginia	—	—	—	—	—	—	—	—	—
Wisconsin	14,165	16,667	17.7	19.6	31.1	0.7	34.8	0.9	12.7
Wyoming	2,478	895	-63.9	23.6	40.0	1.1	8.2	3.8	23.3

*Data comparisons should not be made between years or among states. Duplicated counts and differences and changes in practice and policy prevent meaningful comparisons.
**Substantiated and indicated cases.
—Data not available.
Source: U.S. Department of Health and Human Services, Children's Bureau, *Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System* (1998), Table 2-2, and State Data Tables, Sec. III, Item 6, and Sec. IV, Item 7. Calculations by Children's Defense Fund.

TABLE B18

Adoptions of Children from Foster Care,* 1995-1997

	1995	1996	1997	Percent change, 1995-1997	Estimated 1998
Alabama	128	153	136	6.3%	142
Alaska	103	112	109	5.8	95
Arizona	215	383	474	120.5	—
Arkansas	84	185	146	73.8	—
California	3,094	3,153	3,614	16.8	4,298
Colorado	338	454	458	35.5	—
Connecticut	198	146	278	40.4	314
Delaware	38	46	33	-13.2	55
District of Columbia	86	113	132	53.5	—
Florida	904	1,064	992	9.7	1,549
Georgia	383	537	558	45.7	664
Hawaii	42	64	150	257.1	—
Idaho	46	40	47	2.2	57
Illinois	1,759	2,146	2,695	53.2	4,423
Indiana	520	373	592	13.8	—
Iowa	227	383	440	93.8	537
Kansas	333	292	421	26.4	529
Kentucky	197	214	222	12.7	217
Louisiana	292	321	310	6.2	221
Maine	85	144	96	12.9	112
Maryland	324	413	290	-10.5	444
Massachusetts	1,073	1,113	1,161	8.2	1,115
Michigan	1,717	1,950	2,047	19.2	2,234
Minnesota	232	239	302	30.2	416
Mississippi	109	101	131	20.2	188
Missouri	538	600	533	-0.9	727
Montana	104	98	143	37.5	145
Nebraska	208	168	180	-13.5	—
Nevada	155	145	148	-4.5	138
New Hampshire	51	59	24	-52.9	—
New Jersey	616	678	570	-7.5	801
New Mexico	141	148	152	7.8	201
New York	4,579	4,590	4,979	8.7	4,790
North Carolina	289	417	694	140.1	576
North Dakota	42	41	57	35.7	79
Ohio	1,202	1,258	1,400	16.5	—
Oklahoma	226	371	418	85.0	485
Oregon	427	468	441	3.3	662
Pennsylvania	1,018	1,127	1,526	49.9	1,522
Rhode Island	216	341	226	4.6	217
South Carolina	231	220	318	37.7	473
South Dakota	42	72	55	31.0	58
Tennessee	458	330	195	-57.4	338
Texas	804	746	1,091	35.7	1,548
Utah	283	124	268	-5.3	328
Vermont	62	83	80	29.0	120
Virginia	320	298	276	-13.8	—
Washington	645	521	656	1.7	766
West Virginia	139	188	220	58.3	187
Wisconsin	360	511	530	47.2	640
Wyoming	10	20	16	60.0	29
United States	25,693	27,761	31,030	20.8	

*Numbers reflect finalized adoptions of children from the public foster care system.
—Data not yet available.
Source: 1995-1997 data from U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth and Families, Children's Bureau, at http://www.acf.dhhs.gov/programs/cb/special/adopincen.htm. 1998 estimates are from preliminary reports from states to the North American Council on Adoptable Children: J. Kroll, U.S. adoptions from foster care projected to exceed 36,000, *Adoptalk* (Winter 1999), pp. 1-2.

BEST COPY AVAILABLE

TABLE B19

Firearm Deaths Among Children and Teens, Ages 0–19, by Manner, 1996

	Total*	Homicide*	Suicide	Accident	Unknown intent
Alabama	104	59	25	14	6
Alaska	22	6	12	4	0
Arizona	120	64	47	4	5
Arkansas	63	27	26	9	1
California	672	508	108	52	4
Colorado	43	15	23	4	1
Connecticut	36	29	6	1	0
Delaware	5	4	1	0	0
District of Columbia	62	59	1	0	2
Florida	190	116	57	12	5
Georgia	160	79	51	24	6
Hawaii	3	2	1	0	0
Idaho	27	11	11	4	1
Illinois	308	263	33	7	5
Indiana	98	55	30	8	5
Iowa	22	8	13	0	1
Kansas	53	24	22	7	0
Kentucky	52	23	20	9	0
Louisiana	192	133	43	15	1
Maine	5	1	4	0	0
Maryland	106	88	13	3	2
Massachusetts	32	26	5	0	1
Michigan	157	96	42	13	6
Minnesota	56	25	21	6	4
Mississippi	77	38	19	18	2
Missouri	101	63	33	5	0
Montana	20	4	12	3	1
Nebraska	28	8	17	3	0
Nevada	36	25	8	3	0
New Hampshire	7	1	6	0	0
New Jersey	66	55	6	4	1
New Mexico	43	22	17	2	2
New York	199	150	43	6	0
North Carolina	135	70	49	15	1
North Dakota	9	0	8	1	0
Ohio	126	75	31	17	3
Oklahoma	61	30	25	5	1
Oregon	39	9	24	6	0
Pennsylvania	181	113	59	4	5
Rhode Island	6	5	1	0	0
South Carolina	78	39	27	9	3
South Dakota	10	1	9	0	0
Tennessee	123	66	32	23	2
Texas	359	202	121	27	9
Utah	37	11	24	0	2
Vermont	5	1	2	1	1
Virginia	109	54	43	12	0
Washington	67	31	31	4	1
West Virginia	16	6	8	2	0
Wisconsin	76	35	32	8	1
Wyoming	11	1	7	2	1
United States	4,613	2,836	1,309	376	92

*Total firearm death and homicide figures do not include firearm deaths by legal (police) intervention or child deaths by air rifles.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, Division of Vital Statistics, unpublished mortality tabulations. Calculations by Children's Defense Fund.

182

TABLE B20

State Budget Balances and Tobacco Settlement Money

	Total balance, FY 1998 (in millions)	Tobacco settlement payment, 1998 (in millions)	Tobacco settlement payment through 2025 (in millions)
Alabama	$ 35	$ 38.8	$ 3,166.3
Alaska	3,464	8.2	668.9
Arizona	814	35.4	2,887.6
Arkansas	59	19.9	1,622.3
California	2,227	306.3	25,007.0
Colorado	824	32.9	2,685.8
Connecticut	650	44.6	3,637.3
Delaware	539	9.5	774.8
District of Columbia	—	14.6	1,189.5
Florida	1,443	*	*
Georgia	1,052	58.9	4,808.7
Hawaii	154	14.4	1,179.2
Idaho	72	8.7	711.7
Illinois	1,202	111.7	9,118.5
Indiana	1,815	49.0	3,996.4
Iowa	879	20.9	1,703.8
Kansas	749	20.0	1,633.3
Kentucky	366	42.3	3,450.4
Louisiana	0	54.1	4,418.7
Maine	190	18.5	1,507.3
Maryland	1,038	54.3	4,428.7
Massachusetts	1,174	96.9	7,913.1
Michigan	1,113	104.4	8,526.3
Minnesota	2,189	*	*
Mississippi	382	*	*
Missouri	395	54.6	4,456.4
Montana	78	10.2	832.2
Nebraska	564	14.3	1,165.7
Nevada	228	14.6	1,195.0
New Hampshire	61	16.0	1,304.7
New Jersey	1,138	92.8	7,576.2
New Mexico	248	14.3	1,168.4
New York	638	306.3	25,003.2
North Carolina	638	56.0	4,569.4
North Dakota	97	8.8	717.1
Ohio	1,046	120.9	9,869.4
Oklahoma	471	24.9	2,030.0
Oregon	638	27.5	2,248.5
Pennsylvania	919	137.9	11,259.2
Rhode Island	189	17.3	1,408.5
South Carolina	517	28.2	2,304.7
South Dakota	30	8.4	683.7
Tennessee	402	58.6	4,782.2
Texas	3,083	*	*
Utah	130	10.7	871.6
Vermont	36	9.9	805.6
Virginia	647	49.1	4,006.0
Washington	825	49.3	4,022.7
West Virginia	190	21.3	1,736.7
Wisconsin	552	49.7	4,059.5
Wyoming	66	6.0	486.6
United States	36,217	2,371.6	193,598.6

—Data not available.
*Florida, Minnesota, Mississippi, and Texas did not participate in the larger tobacco settlement; they settled in individual suits, and received lump-sum payments. These lump sums are: Florida, $12.7 billion; Minnesota, $6.1 billion; Mississippi, $3.6 billion; and Texas, $5.3 billion.
Source: Budget data from National Association of State Budget Officers, Fiscal Survey of the States, 1998, at http://www.nasbo.org/pubs/fiscsurv/ta11.htm ; tobacco settlement data from National Association of Attorneys General at http://www.naag.org/tob2.htm , document "Detailed Breakdown of State Dollars", in file YEARLY.RTF .

BEST COPY AVAILABLE

Selected Web Sites

Listed below are selected Web sites that may be useful to child advocates. Many of the sites have links to other sites. Keep in mind that the Web changes rapidly; although all of these addresses were accurate at press time, some of them may have changed since. CDF does not endorse any of the sites, nor vouch for the accuracy of any of the information found there.

Government Agencies	
U.S. Department of Agriculture	http://www.usda.gov/
U.S. Department of Education	http://www.ed.gov/
U.S. Department of Health and Human Services	http://www.os.dhhs.gov/
U.S. Department of Justice	http://www.usdoj.gov/
U.S. Department of Labor	http://www.dol.gov/
White House	http://www.whitehouse.gov/
Links to state governments	http://www.nasire.org/ss/displayCategory.cfm?Category=states http://www.statenews.org/other_resources/statelinks.html
Links to county governments	http://www.naco.org/links/counties.cfm
Links to city governments	http://usacitylink.com/default.html
Statistical Agencies	
Bureau of Labor Statistics	http://stats.bls.gov/
Census Bureau	http://www.census.gov/
Centers for Disease Control and Prevention	http://www.cdc.gov/scientific.htm
Health Care Financing Administration	http://www.hcfa.gov/
National Center for Education Statistics	http://nces.ed.gov/
National Center for Health Statistics	http://www.cdc.gov/nchswww/
Social Security Administration	http://www.ssa.gov/statistics/ores_home.html
Advocacy Groups	
Bread for the World	http://www.bread.org/
Center on Budget and Policy Priorities	http://www.cbpp.org/
Child Trends	http://www.childtrends.org/
Child Welfare League of America	http://www.cwla.org/
Children Now	http://www.childrennow.org/
Children's Defense Fund	http://www.childrensdefense.org/
The Children's Partnership	http://www.childrenspartnership.org/
Families USA	http://www.familiesusa.org/
Food Research and Action Center (FRAC)	http://www.frac.org/
Kids Count	http://www.aecf.org/aeckids.htm
National Association for the Education of Young Children	http://www.naeyc.org/
Stand for Children	http://www.stand.org/
Other Useful Sites	
GPO Access (Federal Register)	http://www.access.gpo.gov/
IFAS (contact members of Congress)	http://www.ifas.org/activist/index.html
Thomas (federal legislation)	http://thomas.loc.gov/

Index

Abuse, see child abuse and neglect; substance abuse
Access to Jobs grants, 20
Adoption, see Foster care and adoption
Adoption and Safe Families Act (1997), 88-89, 95, 100, 102, 103
Advisory Commission on Consumer Protection and Quality in the Health Care Industry, 43-44
AFDC, see Aid to Families with Dependent Children
African Americans, see Blacks
After-School Learning and Safe Neighborhoods Partnership Program (CA), 60
After-school programs, 51, 62; federal support for, 27, 55-56, 80; and juvenile crime prevention, 53, 107, 125, 126; local initiatives, 60-61, 63-64; and nutrition, 9, 56-57, 125; in states, 27, 59-60, 63
Aid to Families with Dependent Children (AFDC): benefits by state, 136; New Hope Project, 22, 23; recipients' income, 12
AIDS, 88, 114
Alaska, minimum wage in, 15
Alcohol abuse, see substance abuse
American Public Human Services Association, 100-101
Amnesty International, 117
Annie E. Casey Foundation, 10
Annual Report on School Safety (1998), 116
Arizona, minority incarceration in, 120
Asians: child poverty among 6, 135; and food stamps, 8; Head Start enrollment of, 147; health indicators for, 45; health insurance coverage among, 32, 35; poverty rates by state, 135
Assault weapons, 110

Balanced Budget Act (1997), 44
Benefits of Statewide Family Networks for Children's Mental Health: Voices of Family Members, 102
Betraying the Young: Human Rights Violations against Children in U.S. Justice System, 117
Big Brothers/Big Sisters, 126
Births, see Low birthweight; Teen pregnancy and parenthood
Blacks: AIDS among, 88; and birthweight trends, 46; child abuse among, 85-86; child poverty among 5, 6, 67, 134; educational achievement of, 67, 68, 75; in foster care, 86-87; girls in criminal justice system, 113; Head Start enrollment of, 147; health indicators for, 45, 130, 142; health insurance coverage among, 32, 35; infant health indices by state, 142; infant mortality among, 46; in juvenile justice system, 119; New Hope Project, 22; unemployment among, 2, 5, 122
Blueprints for Violence Prevention, 121
Bond, Christopher, 55
Bonior, David, 15
Boston, gun control, 109, 120-121
Bush, George, 66

CACFP, see Child and Adult Care Food Program
California: after-school programs in, 60; child care in, 58-59, 60; Children and Families Initiative, 57-58; education in, 18, 74, 79; food stamps for immigrants in, 8; foster care in, 89, 90, 91; juvenile incarceration in, 118; minimum wage in, 15; TANF benefit for children only, 26
CASSP, see Child and Adolescent Service System Program
CCDBG, see Child Care and Development Block Grant
CDC, see Centers for Disease Control and Prevention
CDF, see Children's Defense Fund
Census Bureau, see U.S. Census Bureau
Center for the Child Care Workforce, 52
Center for Media Education, 118
Center for Mental Health Services, 102
Center for the Study and Prevention of Violence, 121
Center to Prevent Handgun Violence, 123
Centers for Disease Control and Prevention (CDC), 88
Charter schools, 73-74, 80
Chicago: gang violence in, 112; gun control in, 124
Child abuse and neglect: agenda for action, 103-105; and domestic violence, 93-94; family participation in treatment, 101-103, 104; and foster care/adoption, 88, 95; and home visiting, 95-96, 103-104, 111-112; local efforts to prevent, 90, 95-100, 103, 104, 105; among minority groups, 85-86; national trends, 85-86; and parental drug abuse, 86, 91-93, 103, 114; and poverty, 86; and violent crime, 110-111; state efforts, 90, 96, 100-101, 102, 103, 105; by state, 150; TANF funds used for prevention, 59, 96, 100, 104
Child and Adolescent Service System Program (CASSP), 102
Child and Adult Care Food Program (CACFP): improvements in, 56-57, 62; participation by state, 139
Child care, 51-64; agenda for action on, 62-64; CDF reports on, 52, 53, 54; costs of, 51, 52, 56; and employment, 52, 53, 54, 58, 59, 61, 62, 64; facts and figures about, by state, 150; federal action on, 24, 27, 54-55, 62; health and safety issues, 51; for infants and toddlers, 51, 52; local initiatives, 60-61, 63-64; New Hope Project, 22, 24; and poverty, 51-58, 63; and private sector, 61, 62, 64; recipients unaware of eligibility, 21, 25; staff/child ratio requirements by state, 148; staff salaries in, 52, 58; staff training for, 53, 56, 57, 63; standards, 59, 62; state action on, 19-20, 24, 27, 53, 57-60, 62-63; subsidies for, 52-53, 54-61, 62-63; TANF funds used for, 54, 59, 63; in urban areas, 51, 56, 57, 60, 61; and welfare-to-work requirements, 52, 54. See also After-school programs
Child Care Action Campaign, 54
Child Care and Development Block Grant (CCDBG), 55-56, 57, 60, 62
Child Care Matters, 60-61
Child Nutrition Act, 56, 57
Child On-Line Protection Act (1998), 119
Child protection, see Child abuse; Child welfare
Child support, 13-14; state enforcement of, 14, 140
Child Support Performance and Incentive Act (1998), 14
Child welfare, 85-106; agenda for action on, 103-105; facts and figures about, 85-88, 89, 90; and home visiting, 95-96, 103-104, 111-112; legislation on, 88-89, 91, 95, 100, 102, 103; local efforts, 90, 95-100, 103, 104, 105. See also Child abuse and neglect; Foster care and adoption
Child Welfare League of America, 91, 101, 111
Children Achieving (Philadelphia), 81
Children's Defense Fund: CHIP Web site of, 39; on child care, 52, 53, 54; on employment barriers, 21; on family care, 94; on welfare-to-work, 17
Children's Health Insurance Program (CHIP), 27, 31-43, 48; benefits and premiums for, 33; coordination and outreach, 34, 35-40, 48; eligibility for, 32-33, 36, 40, 42, 48; evaluation of, 40-42, 49; and managed care, 42, 49; and Medicaid, 32, 33-34, 35, 38, 41, 42, 48; and private insurers, 32, 36; state

BEST COPY AVAILABLE

implementation of, 31, 32-34, 36, 37, 38, 40, 41, 48; Web sites on, 36, 39, 40
Clinton administration: on after-school programs, 125; on child care, 55, 56; on Consumer Bill of Rights and Responsibilities, 43-44; on education, 70, 76, 77, 80, 116; on school violence, 116-117
Coalition for Community Schools, 78
College graduates, 27, 78-80; income of, 65; unemployment among, 132
Community Development Block Grant, 64
Community Partnership Program (MA), 59
Community schools, 77-78
Comprehensive School Reform Demonstration Project, 77
Computer applications: for child support enforcement, 14; health-related databases, 41, 43, 47; and Y2K problems, CHIP and Medicaid, 42. See also Internet
The Condition of Education 1997, 68
Connecticut: education in, 70; minimum wage in, 15
Consumer Bill of Rights and Responsibilities, 43-44
Corporate Adoption Recruitment Partnership (IL), 90
Crime and juvenile justice system, 107-128; and after-school programs, 53, 107, 125, 126; agenda for action on, 126; and alcohol and drug abuse, 93, 110-113, 115, 124, 125; arrests for violent crime, 111; and child care, 53; and drug courts, 93; incarceration of juveniles, 113, 117-120, 124-126; legislation on, 113, 116, 120, 124-125, 126; local intervention efforts, 109-110, 112-113, 116, 117, 120, 121-122; gangs, 112, 116; girls in system, 113; minority children in system, 113, 119-120; national trends, 108; prevention of, 53, 107, 109-110, 112-113, 116, 117, 120, 121-122, 125-126; state intervention efforts, 120, 125-126; violent, 107-111, 112; and youth unemployment, 122-123

Day Care Services Association (NC), 53
Deadbeat Parents Punishment Act (1998), 14
Death penalty, 124
Deaths: gun-related, 108-109, 152; homicides, 107-110, 112, 113-114, 152; of parents with AIDS, 88; and social morbidity factors, 107; by state, 152; suicides, 107, 108-109, 117, 152. See also Infant mortality
Delaware: alcohol and drug abuse program, 92; education in, 71, 79; foster care in, 90
Dependent Care Tax Credit, 62
Disabilities, children with: and benefit loss, 25; educational opportunities for, 80, 149; SSI benefits for, 16-17
District of Columbia: community collaboratives, 100; education in, 69-70, 74, 79; minimum wage in, 15
DOE, see U.S. Department of Education
Domestic violence, 25, 26, 86, 91, 92, 93-94, 103, 104, 114; and substance abuse, 92, 93, 114; local intervention efforts, 96-100; state intervention efforts, 83, 93. See also Child abuse and neglect; Violence
Dropouts, high school, 18; Blacks, 67; children of, 6; and crime, 112; foster children, 95; Goals 2000, 66, 67; Hispanic, 68; job training for, 12; New Hope Project, 23; state intervention efforts, 70; unemployment among, 132
Drug abuse, see substance abuse
Drug Strategies, 93

Early Childhood Development Care and Education Fund (MO), 58
Early Childhood Education, see Head Start; Prekindergarten; Preschool
Early Head Start Program, 60
Earned Income Tax Credit (EITC), 1, 4, 19, 27; New Hope Project, 22, 23; state-level, 15-16, 19, 22, 27
East Bay Public Safety Partnerships, 110
Economic factors, See Employment; Income; Poverty
Economic Policy Institute, 2, 14-15
Edna McConnell Clark Foundation, 97, 100
Education: agenda for action on, 82-83; of child care staff, 53, 56, 57, 63; of children, 31, 65-84; Clinton administration on, 70, 76, 77, 80, 116; of children with disabilities, 80, 149; of domestic violence specialists, 99; early childhood, 51, 52, 53, 62, 69, 75, 76, 78; Goals 2000, 65-67, 68-69, 70-71, 78, 79; and health status, 31, 51, 69, 78; higher education, 18, 27, 65, 78-80; and income, 1-2, 6, 68, 77, 78, 81; legislation on, 8, 70-71, 72, 73-74, 76, 78-79, 80, 116; local initiatives, 77-78, 81-82; minorities, achievement of, 67, 68, 75; and poverty, 1-2, 68, 77, 78, 81; prekindergarten, 51, 52, 53, 62, 69, 75, 76, 78; pre-school, 52, 53, 55, 58, 59, 60, 63, 69, 80; public opinion on, 66; standards-based reform of, 69, 70-72, 76-77, 81-83; state action on, 18, 69-71, 73-74, 76-77, 79, 81-82; of teachers, 53, 61, 66, 68, 69, 70, 71-73, 76, 77, 82; and technology, 68, 81, 83, 119; Title I compensatory, 8, 74, 80, 149; and unemployment, 2, 132; of welfare recipients, 18; worker training, general, 10, 12, 14, 18-19, 27, 100, 122-123. See also Dropouts; Head Start; Schools; Teachers
Effective Intervention in Domestic Violence and Child Abuse Cases: Guidelines for Policy and Practice, 94
The Effectiveness of the Postemployment Services Demonstration Project: Preliminary Findings, 54
8 Percent Early Intervention program, 112
EITC, see Earned Income Tax Credit
El Paso County, Colorado, 96, 100
Elderly persons, see Senior citizens
Elementary and Secondary Education Act, 70-71, 73, 80-81, 116; Title I, 8, 74, 80
Emotional disturbances, children with, 85, 102. See also Mental health and illness
Employment: barriers to, 12-13, 20-23, 27; and child care, 52, 53, 54, 58, 59, 61, 62, 64; and child support, 14; fringe benefits, 1, 2-3; and health insurance, 1, 34, 35, 38, 40; job training programs, 10, 12, 27, 122; and minorities, 2, 5, 122; of mothers, 4, 6, 52, 57; of mothers, single, 4, 6, 52; New Hope Project, 22-23; summer programs for, 12, 125; transportation to work, 10, 12-13, 20, 27; trends, 1, 2-6; of welfare recipients, 2, 6, 21; youth, 122, 126, 132. See also Wages and salaries
Exploring Rapid Achievement Gains in North Carolina, 69

Families First Domestic Violence Collaboration Project (MI), 93
Family and Medical Leave Act (1993), 62
Family Drug Courts, 93
Family Independence Program (MI), 19
Family Preservation and Support Services Program, 100
Family Violence: Emerging Programs for Battered Mothers and Their Children, 93
Family Violence Prevention Fund (CA), 99
Federation of Families for Children's Mental Health, 102
Florida: child care, TANF funding of, 59; child protection in, 97-99, 100; education in, 79; minority incarceration in, 120
Food programs, see Child and Adult Care Food Program; Food stamps; Nutrition; Schools, breakfast/lunch programs in; Summer Food Service Program; Supplemental Food Program for Women, Infants, and Children

Food stamps, 27; cuts in, facts and figures about, 8, 21; for immigrants, 8, 9, 11-12, 28; participation by state, 139; state procedures for, 21; and TANF benefits, 8, 21
Foreign countries, see International perspectives
Foster care and adoption, 25, 86-91, 102; Adoption and Safe Families Act (1997), 88-89, 95, 100, 102, 103; and adoption promotion, 88-91, 103, 104; agenda for action on, 103; HHS on, 86, 87, 88, 90; minority overrepresentation in, 86-87; with relatives, 87; by state, 151; state action on, 89-91; teens in, 94-95, 103; trends, 25-26, 86-88
Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers, 91
Fourth Grade Reading Guarantee (OH), 76
Fringe benefits, 1, 2-3

Gang violence, 112, 116
GEAR UP, 80
General Accounting Office (GAO), see U.S. General Accounting Office
Georgia, 79
Goals 2000, 65-67, 68-69, 79. See also National Education Goals Panel
Grandparents, children living with, 87
Greenspan, Alan, 3
Gun-Free School Act (1994), 116
Guns, 107, 108-110, 120, 125, 126; child access prevention, 123-124; deaths due to, 108, 109, 152; manufacturer accountability for, 124; in schools, 115, 116

Hawaii: child abuse prevention in, 96; education in, 70; minimum wage in, 15
HCFA, see Health Care Financing Administration
Head Start, 53, 55, 57, 62; and CHIP, 48; Early Head Start, 60; enrollment by race and state, 147; state support for, 59
Healing the Whole Family: A Look at Family Care Programs, 94
Health: and adoption/foster care, 88; agenda for action on, 48-49; AIDS, 88, 114; consumer rights, 43-44, 48-49; databases on, 41, 43, 47; children with disabilities, 16-17, 25, 80, 149; facts and figures about, 130; foster children, older, 95; immunizations, 31, 47-48, 69, 145; of infants, general, 69; infant mortality, 6, 46, 130, 144; insurance, 1, 22, 23, 27, 31-45, 48, 49, 145; low birth weight, 46, 47, 130, 142; poverty and, general, 6, 34; and private sector, 32, 34, 36, 39-40, 41, 44, 47, 48; managed care plans for, 41, 42-45, 49, 101; minority group indicators, 45, 130, 142; and smoking, 6, 46-47, 51, 107, 114, 115, 118, 124; state indicators, 142-146; teen pregnancy, 46, 100, 107, 131, 133, 143; uninsured children, 31, 32, 34-36, 40, 47, 49. See also Children's Health Insurance Program; Medicaid; Mental health and illness
Health Care Financing Administration (HCFA), 40, 41
Health Plan Employer Data and Information Set (HEDIS), 41, 43
Healthy Families, 96
Healthy People 2000, 46-47
Healthy People 2010, 47, 49
Healthy Start, 96
HHS, see U.S. Department of Health and Human Services
The High Cost of Care Puts Quality Care Out of the Reach of Many Families, 52
High school graduates, 66
High Stakes: Testing for Tracking, Promotion, and Graduation, 71
Higher Education Acts, 56, 72, 79-80
Hispanics: AIDS among, 88; child poverty among 5, 6, 67; and CHIP, 36; educational achievement of, 68, 75; and food stamps, 8; in foster care, 86; Head Start enrollment of, 147; health indicators for, 45, 142; health insurance coverage among, 32, 35; infant health indicators by state, 142; New Hope Project, 22; poverty among, 134; unemployment among, 2
Hite Foundation, 94
HIV, See AIDS
Homelessness, 10-11; among older foster children, 95; and job training programs, 12; and nutrition programs, 9, 58; and TANF reduction/termination, 9, 25
Home visiting, 95-96, 103-104, 111-112
Homicides, 107, 108, 109, 110, 112, 113-114; by state, 152
Hope for the Children, 90-91
House of Representatives, see U.S. House of Representatives
Housing, 8-9, 10; child care and, 63-64. See also Homelessness
Housing Reform Act, 10, 11
HUD, see U.S. Department of Housing and Urban Development

IDEA, see Individuals with Disabilities Education Act
Illinois: adoption and subsidized guardians, 89-91; after-school programs in, 60; child care in, 59, 60; food stamps for immigrants in, 8; juvenile incarceration in, 118; TANF in, 18
Immigrants: and food stamps, 8, 9, 11-12, 28; and nutrition, general, 8, 11; and SSI, 9
Immunizations, 31, 47-48, 69; state rates of, 145
Income, 1-30; agenda for increasing, 26-28; and education, 1-2, 6, 68, 77, 78, 81; and health status, 34; ratio of rent to, 9. See also Poverty; Wages and salaries
Indiana, minimum wage in, 15
Indicators of School Crime and Safety, 1998, 114
Individual Development Accounts, 20
Individuals with Disabilities Education Act (IDEA), 80; by state, 149
Infant mortality: national trends, 46, 130; and poverty, 6; and race, rates by, 130; by state, 144
Insurance, see Health; Managed care; Medicaid
International perspectives, educational attainment, 70
Internet, 6, 68, 121, 118; on CHIP resources, 36, 39, 40; as educational resource, 81, 83, 119; adverse effects of, 118-119
Investing in Our Children, 52
Iowa, minority incarceration in, 120

Jacksonville Community Partnership for the Protection of Children (FL), 97-99, 100
Jails, children in adult, 117, 124, 125
Job Corps, 122
Job Training Partnership Act (JTPA), see Workforce Investment Act
Junk guns, 110
Juvenile crime, see Crime and juvenile justice system
Juvenile Justice Accountability block grant, 125
Juvenile Justice and Delinquency Prevention Act (1974), 113, 120, 124

Kansas: earned income tax credits, 15-16; education in, 70, 71
Keeping Score. Women and Drugs: Looking at the Federal Drug Control Budget, 93
Kennedy, Edward, 15
Kentucky, education in, 71
Kerry, John, 55

Learning from Colleagues: Family/Professional Partnerships: Moving Forward Together, 103
Legislation: on child care, 55-56; on child protection and adoption, 88-89, 91, 95, 100, 102, 103; on child support, 14; on children with disabilities, 17, 80, 149; on education, 8, 70-71, 72, 73-74, 76, 78-79, 80, 116; on health insurance, 31, 38, 43-45; on housing, 10-11; on Internet access, 119; on job training, 10,

BEST COPY AVAILABLE

12-13; on juvenile crime, 113, 116, 120, 124-125, 126; on minimum/living wage, 15, 27, 123; on poverty programs, 9-17; on school violence, 116; on vaccines, 47; on worker transportation, 12-13. See also Welfare law; specific legislative acts
Little Village Gang Violence Reduction Program, 112
Living wage, 15, 27, 123
Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families, 53
Los Angeles, gun control, 109-110
Low birth weight: national trends, 46, 47, 130; state rates, 142;

Maine: education in, 18, 70; juvenile incarceration, 118
Males: and child support, 14; crime committed by, 112; in New Hope Project, 22; with weapons in school, 116
Managed care, 41, 42-45, 101; and child welfare, 101; and CHIP, 42, 49; and Medicaid, 42, 43, 44-45, 49;
Manpower Demonstration Research Corporation, 22-23
Maryland: earned income tax credits, 16; education in, 70, 71; subsidized guardianship, 90
Massachusetts: domestic violence programs, 83, 93; education in, 70, 79; minimum wage in, 15; pre-school efforts in, 59; and TANF time limits, 21
Maternal health, 45; national trends by race, 130; state indicators by race, 142. See also Infant mortality; Low birth weight; Prenatal care
Medicaid, 23; and CHIP coverage, 32, 33-34, 35, 38, 41, 42, 48; enrollment in, 34, 35, 146; managed care, 42, 43, 44-45, 49; and TANF benefits, 8, 21; and vaccines, 47-48; welfare-to-work and, 8, 28
Mental health and illness: and child care, 27, 91, 103; and crime, 112, 113, 117; and foster care, 91, 92, 103; problems among welfare recipients, 6, 25; TANF funds for, 104. See also Child abuse and neglect; Emotional disturbances, children with
Mentoring programs, 126
Meyer, Bruce, 4
Michigan: domestic violence in, 93; education in, 70; employment barriers in, 21
Milwaukee, New Hope Project, 22-24
Minimum wage, 27; inadequacy of, 14-15; increase in, 15, 27; by state, 141; in states, 15, 27
Minnesota: and child support, 14; earned income tax credits, 16, 19; education in, 70, 73-74
Minorities: academic achievement of, 68; and child abuse, 85-86; in foster care, 86-87; health indicators for, 45, 47, 49, 130, 142; health insurance coverage among, 32, 35, 49; infant health indices by state, 142; in juvenile justice system, 119-120; low birth weight among, 46, 47, 142; and poverty, 5, 67; teen births to, 46. See also Asians; Blacks; Hispanics; Native Americans; Pacific Islanders
Missouri, child care in, 58
Montana, 90
Mothers: with AIDS, 88; employment of single, 4, 6, 52; in work force, 4, 6, 52, 57. See also Maternal health; Single-parent families
Mott Foundation, 55
Multisystemic Therapy, 121
Murder, see Deaths, gun-related; Homicides

National Assessment of Educational Progress (NAEP), 68, 69, 75
National Association for the Education of Young Children, 39
National Bureau of Economic Research, 4, 9
National Center for Health Statistics (NCHS), 108
National Center on Addiction and Substance Abuse at Columbia University, 91-92
National Coalition for the Homeless, 17
National Committee to Prevent Child Abuse, 86, 91
National Committee for Quality Assurance, 41, 43
National Council of Juvenile and Family Court Judges, 93, 94
National Crime Victimization Survey, 108
National Education Association, 40, 72-73
National Education Goals Panel, 67, 68-69, 78, 79; teachers, 71-72, 73
National Longitudinal Study on Adolescent Health, 111
National Research Council, 71, 75-76
National School Breakfast Program, by state, 139
National School Lunch Program, by state, 139
National Study of Charter Schools, 73
National Technical Assistance Center for Children's Mental Health, 101
Native Americans: child abuse among, 85-86; Head Start enrollment of, 147; health indicators for, 45; health insurance coverage among, 32; poverty rates by state, 135
NCHS, see National Center for Health Statistics
Nebraska, education in, 70
New Hampshire, education in, 70
New Hope Project, 22-24
New Jersey, and families at risk, 92
New York Child Assistance Program (CAP), 19
New York City: food stamps and TANF in, 8; foster care in, 86-87, 100; juvenile incarceration in, 117; Medicaid benefits in, 8
New York state: child-only benefits in, 26; education in, 70, 79; pre-school efforts in, 59
No Safe Haven: Children of Substance-Abusing Parents, 91-92
North American Council on Adoptable Children, 89
North Carolina: child care in, 53, 58, 59; education in, 69, 76-77, 81; minority incarceration in, 120; subsidized guardianship, 90
North Dakota, 79
Nutrition: and after-school programs, 9, 56-57, 125; agenda for action on, 62; Child and Adult Care Food Program, 56-57, 62; federal legislation, 9; and homeless persons, 9, 58; and immigrant children, 8, 11; and poverty, general, 7-8; programs, cuts in, 8; school performance and, 2; state benefits, 8; and summer programs, 9, 28, 57. See also Food stamps

Obey, David, 77
Office of Juvenile Justice and Delinquency Prevention (OJJDP), 120
Ohio: education in, 69, 76; families at risk, services in, 92; juvenile justice, 125-126
OhioReads, 76
Oklahoma, child care grants in, 60
Olds, David, 95-96
Operation Cease Fire (Boston), 121
Operation Night Light (Boston), 121
Oregon: families at risk, services in, 26, 92; juvenile justice, 120, 125; minimum wage in, 15; minority incarceration in, 120
Organization for Economic Cooperation and Development, 70

Pacific Islanders: child poverty among, 6, 135; Head Start enrollment of, 147; health indicators for, 45; health insurance among, 32
Parents Anonymous, 102
Parents As Teachers, 96
The Parents Guide to the Information Superhighway, 118
Patient's Bill of Rights, 44, 48-49
Peer Technical Assistance Network, 103
Pell grants, 27
Pennsylvania: child care in, 60-61; education in, 81

Pennsylvania State System of Assessment, 81
Pew Research Center, 66
Philadelphia (PA), 81-82
Plus Time New Hampshire program, 61
Pontiac (MI), 19
Porter, John, 77
Poverty, 1-30; agenda for action to eliminate, 26-28; and child abuse, 86; and child care, 51-58, 63; and education, 1-2, 68, 77, 78, 81; extreme, 6; facts and figures about, 3-4, 129, 133-134; and housing, 8-9; and minimum wage, 14; national trends, 3-6, 133-135; by race and state, 134-135; in rural areas, 5, 6, 20; state rates of, 133-135; and transportation to work, 10, 12-13, 20, 27; in urban areas, 5, 9, 20; among working families, 1, 4-6, 7. See also Welfare
Pregnancy, see Teen pregnancy and parenthood
Prekindergarten, 51, 52, 53, 62, 69, 75, 76, 78
Prenatal care: national trends, 45, 130; state rates, 142
Pre-school, 52, 53, 55, 58, 59, 60, 63, 69
Preventing Reading Difficulties in Young Children, 75-76
Prevention and Parity: Girls in Juvenile Justice, 113
Private schools, 74-75
Private sector: and child care, 61, 62, 64; and education reform, 69; and foster care, 90; and health insurance, 32, 34, 36, 39-40, 41, 44, 47, 48
Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health, 111

Quality Housing and Work Responsibility Act (1998), 11
Q.W. Ayres & Associates, 66

Race, see Minorities, specific racial groups
Rand Corporation, 52
Rape, 95, 108, 110
Reading achievement, 67, 69, 75-76, 80, 81
Reading Excellence Act (1998), 76
RECLAIM, (Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors, OH), 125-126
Regional factors: and child care, 60-61; and poverty, 5, 6
Reiner, Rob, 58
Relatives, children in care of, 64, 87-88, 103, 104
Religious organizations, 98
Renter households, 8-9, 10-11, 141
Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy, 92
Rhode Island: after-school programs in, 60; child care in, 19, 58-59, 60; education in, 79
Richmond (CA), gun control, 110
Riley, Richard, 73
Ronald McDonald Charities, 91
Rosenbaum, Dan, 4
Rural areas: nutrition programs in, 57; poverty in, 5, 6, 20; transportation to work in, 20
Rush, Bobby, 17

Safe and Drug-Free Schools Program, 117
Safe Schools-Safe Communities, 117
Savannah, neighborhood violence reduction in, 121
Schools, 82: breakfast/lunch programs in, 8, 28, 139; charter schools, 73-74, 80; class size, 76-77, 80; crime and problems with, 112; community schools, 77-78; children with disabilities in, 80, 149; guns in, 115, 116; Internet access in, 81, 83, 119; private schools, 74-75; violence in, 67, 108, 109, 113-117. See also After-school programs; Prekindergarten; Pre-school
Second Harvest National Food Bank Network, 7
Second Step (Eugene, OR), 116
Senate, see U.S. Senate
Senior citizens, 90
Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions, 112
Sexual abuse 85, 95, 150; Internet use for, 118. See also Rape
Sexual activity, 111
SFSP, see Summer Food Service Program
Single-parent families: and child care, 51, 52; child support for, 13-14; employment of mothers of, 4, 6, 52; Hispanic, 68; housing of, 11; poverty among, 4, 6; TANF requirements for, 26. See also Child support
Smart Start (NC), 58
Smoking: children of smokers, 6; and crime, 111; and Internet advertisements, 118; teen, 46-47, 51, 107, 114, 115, 124; tobacco industry liability settlement and CHIP, 38, 46-47
Social Security: Act, 56; Administration, 16-17, 39; reform of, 66
Social Services Block Grant, see Title XX Social Services Program
South Carolina, 7, 79
SSI, see Supplemental Security Income
Starting Right (RI), 58
State Children's Health Insurance Program (CHIP), see Children's Health Insurance Program (CHIP)
State Legislative Responses to Violent Juvenile Crime: 1996-97 Update, 125
Stock equity ownership, 3
Stop & Think Social Skills, 116
Subsidized guardianship, 90
Substance abuse, 67, 91-93, 107, 114, 115, 126; and child abuse, 86, 91-93, 103, 114; and crime, 111, 112, 113, 115, 124, 125; GAO on, 91, 92
Substance Abuse and Mental Health Services Administration, 93, 102
Substance Abuse Block Grant, 93
Suburbs: poverty, 5, 20; transportation to work in, 20
Suicide, 107, 108-109, 117; rates by state, 152
Summer Food Service Program (SFSP), 57; participation by state, 139
Summer programs, 63, 126; for employment, 12, 125; for nutrition, 9, 28, 57
Summer Youth Jobs Program, 12, 125
Supplemental Food Program for Women, Infants, and Children (WIC): participation by state, 139; proposed expansion of funding for, 27
Supplemental Security Income (SSI): for disabled children, 16-17; for immigrants, 9; participation by state, 149

TANF, see Temporary Assistance for Needy Families
Tax credits, 55, 62. See also Earned Income Tax Credit
T.E.A.C.H. (PA), 61
Teachers, 56, 57, 77, 82; adolescents' perception of, 111; class size, 76-77, 80; crimes by students against, 116; education of, 53, 61, 66, 68, 69, 70, 71-73, 76, 77, 82
Teen pregnancy and parenthood, 107; facts and figures about, 131; family care for, 94; national trends in, 46; profile of, 133; TANF funds for services to children, 100; teen birth rates by state, 143
TEEN R.E.A.C.H. (IL), 60
Telecommunications Act (1996), 119
Telephone services, 98
Television, 117
Temporary Assistance for Needy Families (TANF), 13, 17-18; benefits by state, 136; and child care, 54, 59, 63; and child-only benefits, 26, 27-28; and child protection efforts, 59, 96, 100, 104; federal funding and state spending under, 13; and food

BEST COPY AVAILABLE

stamps, 8, 21; and homeless, 9, 25; and Medicaid, 8, 21; recipients' income, 12; relatives, children living with, 87; for single-parent families, 26; state policy on, 13, 17-19 26, 137; for two-parent families, 26; termination or reduction of, 8, 9, 10, 17, 18, 19, 21, 25-26, 137; time limits on, 19, 21, 27, 137; work requirements for, 8, 18, 21. See also Welfare law
Ten Point Coalition (Boston), 109, 121
Tennessee, education in, 77
Texas: education in, 69, 81; food stamps for immigrants in, 8
Third International Mathematics and Science Study, 70
Title I compensatory education, 8, 74, 80; by state, 149
Title XX Social Services Program, 56
Tobacco industry: child care revenues from, 55, 57-58; liability settlement and CHIP, 38, 46-47
Training: for child care workers, 53, 56, 57, 63; for domestic violence specialists, 99; for teachers, 53, 61, 66, 68, 69, 70, 71-73, 76, 77, 82; for work, general, 10, 12, 14, 18-19, 27, 100, 122-123; for youths, 100, 122-123
Transportation: vehicle equity for welfare recipients, 20; to work, 10, 12-13, 20, 27
Transportation Efficiency Act (1998), 12-13
Tulsa Children's Coalition (OK), 60
21st Century Community Learning Centers, 56, 62, 126

Uninsured children, 31, 32, 34-36, 40, 49; vaccines, 47. See also Children's Health Insurance Program
United Way, 60
Universal Prekindergarten Program (NY), 59
Urban areas: after-school care in, 60; child care in, 51, 56, 57, 60, 61; homelessness and TANF reductions in, 9; nutrition programs in, 57; poverty in, general, 5, 9, 20; school violence in, 115; transportation to work in, 20. See also specific cities
Urban Institute, 7
Urban League, 118
U.S. Census Bureau, 5; on child poverty, 4-6; on employment opportunities, 5; on health insurance, 35; on relative care, 87; on welfare and employment, 4-6
U.S. Department of Agriculture (USDA): on CHIP, 39; on food stamps and TANF in NYC, 8
U.S. Department of Education (DOE): on charter schools, 73; on CHIP, 39; on class size, 76-77; on Goals 2000, 71; on National Assessment of Educational Progress (NAEP), 68, 69, 75; on standards-based reform, 70; on teachers, 73; 21st Century Community Learning Centers of, 56, 62, 126
U.S. Department of Health and Human Services (HHS): Agency for Health Care Policy and Research, 41; Center for Mental Health Services of, 102; on child care, 20; on child health indicators, 46-47; on CHIP, 36, 39, 40; on domestic violence, 94; on employment barriers, 21; on foster care, 86, 87, 88, 90; Health Care Financing Administration (HCFA), 40, 41; *Healthy People 2000/2010* of, 46-47, 49; Substance Abuse and Mental Health Services Administration, 93, 102; on welfare termination, 25
U.S. Department of Housing and Urban Development (HUD): child care grants from, 60; on CHIP, 39; Job Corps of, 122; on poor persons' housing deficiencies, 8-9
U.S. Department of Justice: on causes of crime, 111; on domestic violence, 94; on juvenile crime and incarceration, 117, 126; on violence in schools, 114
U.S. Department of Labor: on transportation to work, 20; on Welfare to Work block grant, 14
U.S. Department of Transportation, 20
U.S. General Accounting Office: on child protection, 101; on child support, 13-14; substance abuse, 91, 92; on educational technology, 68; on job training, 21; on welfare, 13-14, 21
U.S. House of Representatives, 66, 124
U.S. Senate, 124
Utah: education in, 70; families at risk, services in, 26

Vaccines for Children (VFC), 47-48. See also Immunizations
Vermont, minimum wage in, 15
Violence, 107; agenda for action on, 126; criminal, 107-110, 112-113; guns and, 107, 110-112, 115, 116, 120, 125-126, 152; local intervention efforts to prevent, 109-110, 112-113, 116, 117, 120, 121-122; in schools, 67, 108, 109, 113-117. See also Child abuse and neglect; Domestic violence; Rape
Violence Policy Center, 124
Violent and Repeat Juvenile Offender Act, 124, 125
Virginia, education in, 70;

Wages and salaries, 1, 2; and child care costs, 51, 52; of child caregivers, 52, 58; disparities in, 2-3; housing and, 8-9; living, 15, 27, 123; minimum, 14-15, 22, 27, 141; and New Hope Project, 22. See also Earned Income Tax Credit
Washington, DC, see District of Columbia
Washington state: child support in, 14; minimum wage in, 15
Welfare, 1; nutrition after leaving, 7-8, 28; reduction or termination of, 8, 9, 10, 17, 18, 19, 21, 25; among working families, 1, 4, 6. See also Aid to Families with Dependent Children; Food stamps; Temporary Assistance for Needy Families; Welfare law; Welfare-to-work
Welfare law (1996), 1, 4, 28; and child abuse, 86; and child support, 14, 26; state experiments, 4, 28; and termination of services, 25, 28, 149; and time limits on aid, 21; and vehicle equity for welfare recipients, 20; work requirements of, 8, 18, 21. See also Temporary Assistance for Needy Families
Welfare-to-work, 2, 14, 17; and child care, 52, 54; and food stamps, 8; and housing assistance, 11; and Medicaid, 8, 28; and transportation, 20
West Virginia: education in, 70; minimum wage in, 15
WIC, see Supplemental Food Program for Women, Infants, and Children
William Penn Foundation, 60
Wisconsin: child support in, 13; education in, 77; nutrition of welfare leavers in, 7
W.K. Kellogg Foundation, 55
Work, see Employment
Workforce Investment Act, 10, 12
Worthy Work, Unlivable Wages: The National Child Care Staffing Study, 52
Wyoming, education in, 18

Youth Action Guide, 117
YouthBuild, 122

BEST COPY AVAILABLE

CDF Board of Directors

David W. Hornbeck, Chair
Superintendent of Schools
School District of Philadelphia
Philadelphia, PA

Carol Oughton Biondi
Community Advocate
Los Angeles, CA

Angela Glover Blackwell
President, PolicyLink
Oakland, CA

Kirbyjon Caldwell
Senior Pastor
The Windsor Village -
St. John's United Methodist Churches
Houston, TX

Geoffrey Canada
Director and Chief Executive Officer
Rheedlen Centers for Children & Families
New York, NY

Maureen A. Cogan, Vice Chair
Child Advocate
New York, NY

Leonard S. Coleman Jr.
President
National League of Professional Baseball
New York, NY

Leslie Cornfeld-Urfirer, Esq.
Deputy Chief, U.S. Attorney's Office
Brooklyn, NY

John D. Deardourff
President
Deardourff - The Media Company
McLean, VA

Marian Wright Edelman
President
Children's Defense Fund
Washington, DC

Winifred Green
President
Southern Coalition for Educational Equity
Jackson, MS

Howard H. Haworth, Vice Chair
President
The Haworth Group
Charlotte, NC

Dr. Dorothy I. Height
President Emerita and Chair of Board
National Council of Negro Women
Washington, DC

Dr. Marylin B. Levitt
Assistant Professor
Department of Psychiatry
George Washington University Medical School
Washington, DC

William Lynch Jr., Vice Chair
Vice President
MacAndrews & Forbes
New York, NY

Heidi G. Miller
Executive Vice President and Chief Financial Officer
Citigroup
New York, NY

Leonard Riggio
Chairman and Chief Executive Officer
Barnes & Noble, Inc.
New York, NY

Dennis Rivera
President
1199 National Health & Human Service
Employees Union, SEIU, AFL-CIO
New York, NY

J. Michael Solar, Esq.
Managing Partner
Solar & Fernandes, L.L.P.
Houston, TX

Susan P. Thomases, Esq.
Retired Partner
Willkie Farr & Gallagher
New York, NY

Thomas A. Troyer, Esq.
Partner, Caplin & Drysdale
Washington, DC

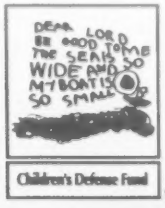
Abigail S. Wexner, Esq.
Attorney and Community Advocate
New Albany, OH

ISBN: 1-881985-21-0
ISSN: 1084-3191

EVERY DAY IN AMERICA FOR ALL CHILDREN

2	young persons under 25 die from HIV infection.
6	children and youths under 20 commit suicide.
11	children and youths under 20 are homicide victims.
13	children and youths under 20 die from firearms.
36	children and youths under 20 die from accidents.
78	babies die.
146	babies are born at very low birthweight (less than 3 lbs., 4 oz.).
237	children are arrested for violent crimes.
415	babies are born to women who had late or no prenatal care.
420	children are arrested for drug abuse.
787	babies are born at low birthweight (less than 5 lbs., 8 oz.).
1,353	babies are born without health insurance.
1,377	babies are born to teen mothers.
2,162	babies are born into poverty.
2,356	babies are born to mothers who are not high school graduates.
2,658	public school students are corporally punished.*
2,789	high school students drop out.*
3,453	babies are born to unmarried mothers.
5,388	children are arrested.
17,152	public school students are suspended.*

*Based on calculations per school day (180 days of seven hours each).



25 E Street NW
Washington, DC 20001
202-628-8787
http://www.childrensdefense.org